BALTIMORE CITY HEALTH DEPARTMENT

BUREAU OF
VITAL STATISTICS

Birth Record 1871-1895

L01216-L01818

CR 77,463

MSA CM1135

3-65-3-99 110 , 11 45 L= Slands for Loss Number Mumbaced 1926

3-65-3

RETURN OF A BIRTH. A 101216

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

110.	o, Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Lune 1th 1893
4.	Place of Birth, (Street and Number) × 234 Hockey and
5.	Full Name of Mother, Lillie 41- Dhrukle
6.	Mother's Maiden Name, 4 Holly
	Mother's Birthplace, Dalto, Co. mal
8.	Full Name of Father, Elias & Strenkle
9.	Father's Occupation, Darker
10.	Father's Birthplace, Carrall Comd
	Name of Medical Attendant, or other person who Rankin us
4	Address, Wewerley Station Balto med
	Remarks,

RETURN OF A BIRTHOUND

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Ferrale
	Race or Color, (if not of the white race). Thite
3.	Date of Birth, Lune 10th 1893
4.	Place of Birth, (Street and Number) #332 // 1/2 Af- Manerly
5.	Full Name of Mother, Raselie Barr
	Mother's Maiden Name, Stevens
7.	Mother's Birthplace, Desellinare
8.	Full Name of Father, Agustes Barr
	Father's Occupation, From amoulder
	Father's Birthplace, New Yersey
	Name of Medical Attendant, or other person who
	Address, Waverly Station Balto. md
	Remarks.

RETURN OF A BIRTH. LM218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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ery pe reaffee edule, have of the f it he f it he f oom the mer an	3. Date of Birth, Lune 12# 1893
and everage and the school of	4. Place of Birth, (Street and Number) X 6/2 Garsuch and
ined the introduction of the interest of the introduction of the introduction of the interest	5. Full Name of Mother, Wellie & Mc Suffin
ordai nee a b the b can be d occi the of the an or eafter Health	6. Mother's Maiden Name, Kully
d and tender the sa list of same anne anne anne anne anne anne anne a	7. Mother's Birthplace, Dantinare
enacte inter sain a a sain a a sain a ly sign to the of a p of a p ediate inssion	8. Full Name of Father, William MC Suffin
rther shall continue of star a	9. Father's Occupation, Paper Langer
c it fur charge	10. Father's Birthplace, Baltimore
And the whose whose whose whose chedul set & ts sex. Il be and e and e unt the mut the por per oor per	Name of Medical Attendant, or other person who of the Pennsein in the
n 7,	Address, Waverly Station
ter of the of th, and confe schediday o occur dance to rep to to	Remarks,
Baltitregis Ireal Ineal Ineal Ineal Ineal Said Shall Shall atten child anys	
Baltimore under whose charge or super register of such birth, and shall enter lifealth. This schedule shall contain mouth, and shall set forth as far as then conferred) its sex color, the full third day of each and every month to third day of each and every month of third day of each and every month of than a corn without the attendance of attendance upon the mother, immedia whild to report its birth to the Commission any such persons who shall jected to the fine of ten (10) dollars for e	9. Father's Occupation, Paper Langer 10. Father's Birthplace, Baltimore Name of Medical Attendant, or other person who makes this Return, Address, Waverly Station

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RETURN OF A BIRTH 101219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2.	Race or Color, (if not of the white race) White
3.	Date of Birth, Lune 232 1893
4.	Place of Birth, (Street and Number) × 1805 & Squitt 1
5.	Full Name of Mother, Sarah Q. Gutberlet
6.	Mother's Maiden Name, " " " " " " " " " " " " " " " " " " "
	Mother's Birthplace, Brunce Georg Co ma
	Full Name of Father, August B. Sutter Oct
9.	Father's Occupation, Hatter
10.	Father's Birthplace, Ballinare
	Name of Medical Attendant, or other person who Relurn,
	Address, Wewerly Station
	Remarks,

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RETURN OF A BIRTHALO1220

	To the time of Registrar of Vital Statistics, Board of Health, Baltimore City,
Vo	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2:	Race or Color, (if not of the white race) 4th ite
3.	Date of Birth, Lune 30th 1893.
	Place of Birth, (Street and Number) & S. E. Cor. Exeter & Brutt sty
5	Full Name of Mother, Linie Altersheit
6.	Mother's Maiden Name, " Luy
7.	Mother's Birthplace, Baftimare
8.	Full Name of Father, Frederick Weisheit
9.	Father's Occupation, Compasitor
	Father's Birthplace, Odultemare
	Name of Medical Attendant, or other person who Address, Waverly Station
	Remarks,

Locates

DOCUMENTS ACCEPTED

1- 1900 Federal
Census for
Elmer Weisheit male

22.

33.

When has Jennie Weisheit
Ad Churchville Rd-Bel au Sud
12-16 58 15-m

RETURN OF A BIRTH 101221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) // // Alc
2.	Race or Color, (if not of the vohite race) 4/1 / Lite
3.	Date of Birth, Lune 11th 1893
	Place of Birth, (Street and Number) \$ 619 Barolay 11,
5.	Full Name of Mother, Sara & Shark
6.	Mother's Maiden Name, , Staruly
7.	Mother's Birthplace, Ofaltimare
8.	Full Name of Father, Affred . E. Shart
	Father's Occupation, Machine Land
10.	Father's Birthplace, England
	Name of Medical Attendant, or other person who Alphan Nein un &
	Address, Waverly Station
	Remarks,

RETURN OF A BIRTH 101222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

IVO	of United of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Lune 17th 1893
4.	Place of Birth, (Street and Number) ×608 Lefferson Que
5.	Full Name of Mother, Annie M. Warfield
6.	Mother's Maiden Name,
	Mother's Birthplace, Bulto. Co. And
8.	Full Name of Father, Haward & G - G - Warfield
	Father's Occupation, Carpenter
	Father's Birthplace, Rallimare
	Name of Medical Attendant, or other person who Ref Randein MA
	Address, Waverly Station
	Remarks,

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RETURN OF A BIRTH. 101223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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fort fort	No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
date date a certiful of the in the sions of earth of the sions of the	1,	Sex, (state whether male or female)
il nam ts, the rm of realth. wifery d with provisier fin	2.	Race or Color, (if not of the white race)
the ful paren the four tr of H of mid me th me th th the as oth	0	Date of Dimily french 53 18 10
of its ner in issione oner o oner o Il beco	4.	Place of Birth, (Street and Number) & 409 Haverly (The
ascert aation ccition commission commission t shall fu the	5.	Full Name of Mother, Sirtie Hally
occup he pra the pra after i fealth, fail to	6.	Mother's Maiden Name, " Keller
ume cand by the part of the caffer of the ca	7.	Mother's Birthplace, Dallimare Co and
the sall name rate of a ph liately ssione reach	8.	Full Name of Father, William it, Hally
he full the full the full the full the commission of the the she he she	9.	Father's Occupation, Befor Langer
th as olor, the inverse much much much much much much much much	10.	Father's Birthplace, York Ba-
set for sex, or sex, o		Name of Medical Attendant, or other person who Medical Attendant, or other person who makes this Return.
shall sed) its each a sithou thou trulk its		Address, Maverly Station
conferrached and schedule day of loccur widance ut to report such per		Remarks,

to the

RETURN OF A BIRTH: 101224

To the Office of Registrar of Vital Statistics, Board of Health, Battimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c)
1.	Sex, (state whether male or female) Tegmale
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, sune 19 1893
4.	Place of Birth, (Street and Number), 908 M. Carey
5.	Full Name of Mothe Mes Maggie Clevens
6.	Mother's Maiden Name, Councell
7.	Mother's Birthplace, Easton Md
8.	Full Name of Father, Oeter Stevens
9.	Father's Occupation, Olerk
10.	Father's Birthplace, Wood Md
	Name of Medical Attendant
	Address, The feet
	Remarks,
-	

minima stall

RETURN OF A BIRTHA 101225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24 us 1.

1. Sex, (state whether male or female) Walt.

2. Race or Color, (if not of the white race). While.

3. Date of Birth, June 25 B/8 93.

4. Place of Birth (Street and Number) 1/33. Woody ear et
5. Full Name of Mother, Maggie H. Pailthell.

6. Mother's Maiden Name, W. H. alleight.

7. Mother's Birthplace, I have bury Makbaunly Immed.

8. Full Name of Father, Spasfee H. Pattchett.

9. Father's Occupation Lafter H. Pattchett.

10. Father's Birthplace Harrey Maybauthand.

Name of Medical Attendant, or other person who D. John Dair Address, 2102. Caleans att.

Remarks Hove Copp. - Occupation.

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RETURN OF A BIRTH A01226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Finale
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14 th 1893
4. Place of Birth, (Street and Number) Baltimore Fairmount Ace No 23
5. Full Name of Mother, Mrs Joseph Lang
6. Mother's Maiden Name, That for aline Maline
7. Mother's Birthplace, Baltimail
8. Full Name of Father, Mrs H ways Jang
9. Father's Occupation Boiler maker
0. Father's Birthplace, Battamore
Name of Medical Attendant, or other person who Mas Jose K was all
Address, No 2026 6 Fayethe G1.
Remarks,

RETURN OF A BIRTH. L01227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

IVO.	of Child of Mother, (state whether 1st, 2d, 3	3d, &c.) / **
1.	Sex, (state whether male or female)	Inali-
2.	Race or Color, (if not of the white race)	while
3.	Date of Birth,	July 16 th 1893
4.	Place of Birth, (Street and Number)	1644 E. Eager
5.	Full Name of Mother,	ose Rennedy
6.	Mother's Maiden Name,	Forguson
7.	Mother's Birthplace,	Boll-
8.	Full Name of Father,	Pelis a /renel
9.	Father's Occupation,	ecomen!
	Father's Birthplace,	
	Name of Medical Attendant, or other person who makes this Return.	M. B. Billmigela
	Address,	1206 E. Paroton 5
	Remarks,	

WM. J. C. DULANY & OO , CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

	of Child of Mother, (state whether 1st, 2d. 3d, &c.)
1.	Sex, (state whether male or female) Hemillo
	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth. (Street and Number) Mo F. Gross of
5.	Full Name of Mother, decua Furman
6.	Mother's Maiden Name, deura Frusinske
7.	Mother's Birthplace, Russia
8.	Full Name of Father, Joseph Farmus
9.	Father's Occupation, Hoemaker
10.	Father's Birthplace, Lesid
	Name of Medical Attendant, or other person who & Rubinstein 105 M. Barre of
	Address,
	Remarks,

RETURN OF A BIRTH LO1229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Male
2.	Race or Color, (if not of the whiterace) while
3.	Date of Birth, July 4/93
4.	Place of Birth, (Street and Number) 18 06 M Collots ft.
5.	Full Name of Mother, Coll. Bakes,
	Mother's Maiden Name, Marris &
7.	Mother's Birthplace, 73 alts,
8.	Full Name of Father, Chas- 13. Thates
9.	Father's Occupation Haller
10.	Father's Birthplace, Hew Hagen
	Name of Medical Attendant, or other person who was this Return, I the farithmen the
	Address,
	Remarks,

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and	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
cticin nude, of ead date cert cert cert cert cor shoot nu thous o	1. Sex, (state whether male or female) Male
take plant take plant to be fund	2. Race or Color, (if not of the white race) while
y perseafter to ule, to ule, to ule, to ule, to ule to ule full paren the foul paren o ener o ener o une the full the fu	3. Date of Birth, July 29/93
it ever sched sich he med ti of its ner in mission mission y with overed	4. Place of Birth, (Street and Number) 18 32 (Luna UVE,
th sha th sha blank hs wh scertai actitio e Coir e	5. Full Name of Mother, Carelia Cobramorite
ordain e a birt e on ne birt a be a ccup he pr he pr he pr he pr an or th an or th an or th an or th an or th	6. Mother's Maiden Name, 1983
and condence same to the total total to the total	7. Mother's Birthplace, Tansacce,
rinte rinte er th a lis a lis l nam signe to th f a pl ately ssione here each	8. Full Name of Father, Har altrangulz
or super or	9. Father's Occupation Lands furnishings
furth arge of she d she all co a safa loo, tl vered trends the C s who do	10. Father's Birthplace,
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nder w uch bu uch bu shall se sed) its ed) its e shall cach withou upon t urt its	Address,
to the	Remarks,
Baltin regist Healtl month been (said s third shall c shall c any shall c	

RETURN OF A BIRTH. 101231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

140	of Galla of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) (Male
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, July 30/93
4.	Place of Birth, (Street and Number) 416 (Vilsons ft.
5.	Full Name of Mother, Celizabeth Berguer
6.	Mother's Maiden Name, Burning
7.	Mother's Birthplace, ONE EDEN
8.	Full Name of Father, Mengen Herfer
9.	Father's Occupation of failer
10.	Father's Birthplace, Lerrang
	Name of Medical Attendant, or other person who the Charistein Holy
	Address,
	Remarks,

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To the Office of Registers of Vitel Statistica Board of Health, Beltimore City.

RETURN OF A BIRTH. 101232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

110.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, July 28/93
4.	Place of Birth, (Street and Number) 1527 De Carry H.
5.	Full Name of Mother, Wil Ertha &. Stringler
6.	Mother's Maiden Name, Conviele
7.	Mother's Birthplace, 13alf
8.	Full Name of Father, Harry 18. Strinbly
9.	Father's Occupation Letter Carrier
0.	Father's Birthplace, Balk
	Name of Medical Attendant, or other person who teliving the
	Address,
	Remarks,

RETURN OF A BIRTH L01233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Truale
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Luly 17: 1893
4.	Place of Birth, (Street and Number) 406 2. 20 5
5.	Full Name of Mother, Destha Prussay Hopking
6.	Mother's Maiden Name, " Musican
7.	Mother's Birthplace, Salhnung
8.	Full Name of Father, Mr. Hing Hopking
9.	Father's Occupation, Salesman
10.	Father's Birthplace, Ballinge
	Name of Medical Attendant, or other person who Collins Collins
	Address, 1/28 Cathedrae St
	Remarks,

WM. J. C. DULANY & DO , CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. AL01234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d	, &c.) 3 =
1.	Sex, (state whether male or female)	male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	July 24'83
4.	Place of Birth, (Street and Number)	12026 24° Culol Wf
5.	Full Name of Mother,	necl. Hellen Oterus
6.	Mother's Maiden Name,	" Carter
7.	Mother's Birthplace,	, Pejungleania,
8.	Full Name of Father,	John & a Owens
9.	Father's Occupation,	Fird + Rodue
.0.	Father's Birthplace,	Ballond
	Name of Medical Attendant, or other person who	Teworthington
	Address,	840 w. Fazette Th
	Remarks,	l

WM J C DULANY CO CITY PRINTERS AND STATIONER

RETURN OF A BIRTH. L01235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	. Sex, (state whether male or female) Male
2.	. Race or Color, (if not of the white race) White
3.	Date of Birth, July 24 ste 1893
4.	Place of Birth, (Street and Number) 116 Faif the Sh
5.	Full Name of Mother, State Vage State
	Mother's Maiden Name, Heurs
7.	Mother's Birthplace, Die Chaul
8.	Full Name of Father, Sorah Van Stelfer
9.	Father's Occupation Clothir
10.	Father's Birthplace, Molland
	Name of Medical Attendant, or other person who Medical Attendant, makes this Return,
	Address, 1501 2 Lay Gy
	Remarks,

RETURN OF A BIRTH AL01236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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lule, land the fulle, land the fulle, land the fulle f	3. Date of Birth, July 12, 1893,
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blank blank beerta secrition actition e Con practic it shall in the	5. Full Name of Mother, Anne Fine
ne on ne occup he pre pre of the ne occup ne oc	6. Mother's Maiden Name,
to of the real of	7. Mother's Birthplace, Europe
internity intern	8. Full Name of Father, Milke Fine
the full distribution of the full distribution	9. Father's Occupation merchant
as for the control of	10. Father's Birthplace, Europe
dule set fort sex. c be del and ev t the a mol wirth to mirth to mirth to merson ten (H	Name of Medical Attendant, or other person who Med Co Steries
shall seed its ed its ed its ed its eshall seach vithou thou that its band fine of fine of fine of	Address, 122 L. Exeter St
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RETURN OF A BIRTH MARK

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fical per	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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ke property of the control of the co	9
Transport to the heart to the h	2. Race or Color, (if not of the white race) while
after her her her her her her her her her h	3. Date of Birth. July 26, 1893.
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asc asc asc asc asc asc asc asc asc asc	5. Full Name of Mother, Annie Siegel
n of the state of	6. Mother's Maiden Name,
sam f th f th can can can d fice ficia feres fere	
st o	7. Mother's Birthplace, Eurone
nan	8. Full Name of Father, Meyer Liegel
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ors attl ont num anc ars	9. Father's Occupation detler
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cha and con con con con con con con con con con	10. Father's Birthplace, Sunge
ose th, th, the bed wed the the the the	Name of Medical Attendant, or other person who Mrs Cacili Sterner
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nder nuch is s sha sha e sha e sha e sha npon rr it son fine	Address, 1228. Exeter St
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RETTREE LE BIRTH BEEN

RI	ETURN	OF A	BIRT	H. L01238
To the Office of	Registrar of Vital	Statistics, Boar	rd of Health,	Baltimore City.

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ry, or nty of ithin isions fines	1.	Sex, (state whether male or female) make
dwife the di prov ther	2.	Race or Color, (if not of the white race) white
one miner grant the the	3.	Date of Birth, July 17. 1893
oner ill bec ie ma ly wi	4.	Place of Birth. (Street and Number) 1404 & Fagette St
it she in the comp	5.	Full Name of Mother, Carry Balinbon
fealth ail to		Mother's Maiden Name,
there after f	7.	Mother's Birthplace, Settiniove
liately ission I here r each	8.	Full Name of Father, Edward Robenson
o shall ars fo	9.	Father's Occupation Campenter
ther, it the dus wh	10.	Father's Birthplace, Baltimore
he mo person ten (%		Name of Medical Attendant, or other person who May L. J. Steiner
t its b		Address, 122 8, Exeter St
repor		Remarks,
ild to		

TO SINGULAR AND MARKET HERE

To the Office of Seathann of York Statistics Sheet of Boatth, Balmaric City.

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p a true a re Commi rer care (f any e of birth tween th e birth of other pe or paren or paren hove req tion sha	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City
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be furnish trred und annot be furned und annot date in of a cer Health. Health, fery, or s fury, of the within the ovisions or fines an	1. Sex. (state whether male or female). Lemale
have occupied the following the following the form of midwing to midwing the following	2. Race or Color. (if not of the while race) white 3. Date of Birth. Jarly 9. 1793
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can be as indocent of the bird occup in the practice of the ician or percafter in fleasible from the fleasible fleasible from the fleasible fleas	5. Full Name of Molher, Line Lagaroff LAZERO 6. Molher's Maiden Name,
the same all name syll nam	8. Full Name of Father, Heyer Laganus LAZERO
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il set for its sex, could be delected and even on the and even its birth to or person of ten (10)	Name of Medical Altendant, or other person who Alms C. A. Steiner
t, and sha conferred thedule sh day of ea cur with ance upon o report it therson to the fine	Remarks, 122 S. Exeter str
month been said sc third c shall o attend child to any suc	

A-12391/2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Caloned
3. Date of Birth, July 23, 1893
. Place of Birth, (Street and Number) 29 Dallas Str
. Full Name of Mother, Houng Brown
. Mother's Maiden Name,
. Mother's Birthplace, Baltinove
. Full Name of Father, Charle Brown
. Father's Occupation Lebover
Father's Birthplace, Baltimane
Name of Medical Attendant, or other person who My 61. Steries
Address, 122 S. Exeter to
Remarks,

RETURN OF A BIRTH. 101240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	sex, (state whether male or female) Male
	Race or Color. (if not of the white race) white
3.	Date of Birth, July 3124, 1893
4.	Place of Birth, (Street and Number) 26 Start and 11 P
5.	Full Name of Mother, Olive Priscilla) De de
6.	Mother's Maiden Name, Eller Process Henrickle
7.	Mother's Birthplace, Ballinge Oite
8.	Full Name of Father, Sohn Light at
9.	Father's Occupation Employee of mt Olivet Century
10.	Father's Birthplace, With Germany
-	Name of Medical Attendant, or other person who
	Address, Carrie anne Battings
	Remarks,

RETURN OF A BIRTH. L01241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) & emale
2.	Race or Color, (if not of the white race) to olored
3.	Date of Birth, may 28
	Place of Birth, (Street and Number) 345 Rose St
	Full Name of Mother, Delice A Helson
6.	Mother's Maiden Names Slia A Starox
	Mother's Birthplace, Quinquini
8.	Full Name of Father, Robert D Milson
9.	Father's Occupation Fraster
10.	Father's Birthplace, Lungumi
	Name of Medical Attendant, or other person who Hester & tance
	Address, 5-09 Preston St.
	Remarks,
	,

RETURN OF A BIRTH. 101242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4¥ 6	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd
1.	Sex, (state whether male or female) Female
	Race or Color, (if not of the white race)
	Date of Birth, 298 July 1893
	Place of Birth, (Street and Number) 1819 & Chase of
	Full Name of Mother, Alice V Deal
	Mother's Maiden Name, " Hirly
	Mother's Birthplace, Balto
	Full Name of Father, Edward Deal
	Father's Occupation Machinist
	Father's Birthplace, Balto
	Name of Medical Attendant, or other person who Mrs Julia Groome
	Address, 9441 Gay of
	Remarks,

RETURN OF A HIRTH POLSKS

RETURN OF A BIRTH. LO1243
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3/Whyly 1893
4. Place of Birth, (Street and Number) 1916 / Hisquill of
5. Full Name of Mother, Mary & Russell
6. Mother's Maiden Name, Mills
7. Mother's Birthplace, Balts
8. Full Name of Father, Chas Russell
9. Father's Occupation Carlenter
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who Mrs Julia Groome
Address, 944 & Son or
Remarks,

RETURN OF A BIRTH. LO1244 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d,	3d, de.) 3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	264 July 1893
4. Place of Birth, (Street and Number)	15.04 ON Dallas of
5. Full Name of Mother,	Mary Murphy
6. Mother's Maiden Name,	" McDonouch
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas Murphy
9. Father's Occupation	· Moulder
10. Father's Birthplace,	Balts
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groome
Address,	944 N 8 au
Remarks,	

RETURN OF A BIRTH MISSE

RETURN OF A BIRTH. AL01245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	of Child of Mother, (state whether 1st, 2d, 3 Sex, (state whether male or female)	male
	Race or Color, (if not of the white race)	While
	Date of Birth,	115 W. Bomburd St.
4.	Place of Birth, (Street and Number)	July 22 no 1893
5.	Full Name of Mother,	Emma Shephard
	Mother's Maiden Name,	
	Mother's Birthplace,	Del.
	Fult Name of Father,	
	Father's Occupation	
	Father's Birthplace,	
	Name of Medical Attendant, or other person who makes this Return,	CSheer,
	Address,	
	Remarks,	

RETURN OF A BIRTHA LO1246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3	L. L.
(state whether male or female)	7/1
2. Mace or Color, (if not of the white many	11.0 1/
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Birth, (Street and Number)	A De Commence of the commence
J. Full Name of Mother,	
ane,	Clara Itaris
". Mother's Birthplace,	1/4
2 and I ame of Father,	
" " Coupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	2111
Address,	Meer
Remarks,	115Whombard SA

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the have have the sione of m the	3. Date of Birth, June 9 # 1893
hich hich hich hich hich hich hich hich	4. Place of Birth, (Street and Number) 1305 H. Stricker St
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ndahu abin le bin be a occup of th of th le pra of th le pra of th le pra of th le pra of th le pra of th	5. Full Name of Mother, Minnie & Purcell
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ted a niteral	. Mother's Birthplace,
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RETURN OF A BIRTH. L01248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Set, (state whether male or family
2. Luce of Color, (if not of the
3. Date of Birth,
1 - 100 CEL (L'ALL VIIII LON)
5. Full Name of Mother, Mary Washington 6. Mother's Maiden Name
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Pather's Birthplace,
Name of Medical Attendant, or other person who askes this keturn, Cheer
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Remarks,

RETURN OF A BIRTH L01249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
, (state whether male or female)
1 Color, (I not of the while range)
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4. Place of Birth, (Street and Number) 1/3 W. Loty 5 193
5. Full Name of Mother.
o. Mother's Maiden Name,
7 ************************************
c. Full Name of Father,
2. I deter s Occupation
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return, CSMeer
411111 PSS
Remarks, 113Whorkund H.

RETURN OF A BIRTHALO1250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4)	Sex, (state whether male or female) Limale
2.	Race or Color, (if not of the white race) - While
3.	Date of Birth, July 14 1892
4.	Place of Birth, (Street and Number) 1/32 ontand St
5.	Full Name of Mother, Merrin interior
6.	Mother's Maiden Name,
1.	Mother's Birthplace, Lenn
8.	Full Name of Father,
9.	Father's Occupation
0.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address, 113W, Lombard St
	Remarks,

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RETURN O	FA	BIRTH.	ΔL01251	
ce of Registran of Vital Ca	Allai n		1.	

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)
	Race or Color. (if not of the white race)
3.	Date of Birth, 19 6 ta. fals
4.	Place of Birth, (Street and Number) 10 21 (and Iv.
5.	Full Name of Mother, Carrie Debale
6.	Mother's Maiden Name, - Bornhorn
	Mother's Birthplace, Ball.
	Full Name of Father, Lolin Selato
9.	Father's Occupation —
	Father's Birthplace, Ball
	Name of Medical Attendant, or other person who Medical Attendant, makes this Return,
4	Address, 928 V O 1
1	Remarks,

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RETURN OF A BIRTH. 101252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Sex, (state whether male or female) gind
2.	Race or Color. (if not of the white race)
3.	Date of Birth, 4 Lely
4.	Place of Birth, (Street and Number) 12/3
5.	Full Name of Mother, Marie Charing
6.	Mother's Maiden Name, - Selmill
7.	Mother's Birthplace, Gunania
8.	Full Name of Father, Toling Showing
9.	Father's Occupation
	Father's Birthplace, fazzzz.
	Name of Medical Attendant, or other person who makes this Return. And her
	Address. 988 / Carl
	Remarks,

RETURN OF A BIRTH. L01253 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1. Sex. (state whether male or female). female 2. Race or Color. (if not of the white race)_ White 3. Inte of Birth. July 27 1893 4. Place of Birth, (Street and Number) 2840 Ceder avenue B. Git mo 5. Full Name of Mother, Charlott Bull 6. Mother's Maiden Name, 7. Mother's Birthplace, Balt City med 8. Full Name of Father, albert Bull 9. Father's Occupation Rail Roader 10. Father's Birthplace. Balt - County Name of Medical Allendant, or other person who makes this Return, Mary a Martin Address, 2864 Geder avenue, B: City Remarks.

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City ber cafter une, the formula formu	3. Date of Birth, 28 - 1893
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istice abin to a property of the property of t	6. Molher's Maiden Name,
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cal control of the control of the can he can	8. Full Name of Father, The Frame the
Vit	9. Father's Occupation R. R.
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tecord hose be in the second truly, and the second sect forth sect, constitution as a second sect, constitution as a second seco	Name of Medical Allendant, or other person who makes this Return,
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hy of arrect of the of the child child child child child child be in f such a s	RETURN OF A BIRTH A LO1255
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altimon ing mids, shall kee hed by U er his or cech chile e and pla rrificate h In case t Should us should us he person of this se	No. of Chitd of Mother, (state whether 1st, 2d, 3d, 4g.)
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uncted the right of a list of the column of a list of the column of a list of the column of a list of a li	8. Full Name of Father, Durid & Smeth
or support sup	9. Father's Occupation Much Busmiss
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RETURN	OF	A	BIRTH.	-	L01256
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Λ.	1 m	
411	o. of Child of Mother, (state whether 1st, 2d, 3d, 46)	
1.	. Sex, (state whether male or female). Female	
2.	. Ruce or Color, (if not of the white ruce) 1 This	
	Date of Birth,	
	. Place of Birth, (Street and Number) 1839 Range	*********
5.	. Full Name of Mother, Ann Juny Show The	*********
6.	. Mother's Maiden Name, 1/	
7.	. Mother's Birthplace, (22/10	
8.	Full Name of Father, The Cana	
9.	Father's Occupation (Buck lange	***********
10.	Father's Birthplace, Butto	
	Name of Medical Attendant, or other person who the following this Return, the following the followin	************
	Address, Lunin Orner	
	Remarks,	-

RETURN OF A BIRTH. L01257
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of bird for the there of the pare there over re-	the of Registrar of Vital Statistics, Board of Health, Baltimore
chuld, phace of the bill of th	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
0 2 0 2 2 7 2 2 4	1. Sex, (state whether male or female) Male
THE TRUE OF THE PROPERTY OF TH	2. Race or Color, (if not of the white race)
of midy of the form of the for	3. Date of Birth, July 2 A
of its in the ring is sione tioner the mann ply winy wered	4. Place of Birth. (Street and Number) 1606 Preshing St.
200 5 - 0 2	5. Full Name of Mother. Annie Boules
	6. Mother's Maiden Name, Anne Wakeland
	7. Mother's Birthplace, Hanford Co.
full many signature signat	8. Full Name of Father. Lewy E. Bailey
Ser Hand	9. Father's Occupation, Softman
ex. collection of the attention of the a	0. Father's Birthplace, Olind
d) its s shall h ach an ithout out the t its bu on or ne of t	Name of Medicyl Attendant, or other person who Address, on Av. Se Kalegh-St.
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and scl hird d hall or trenda hild to my suc	Remarks,

WM J C DULANY CO CITY PRINTERS AND STATIONES

RETURN OF A BIRTH. AL01258 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, cc.) First Child 1. Sex, (state whether male or female) ... Illale 2. Race or Color, (if not of the while race) Il liste 3. Date of Birth, 4. Place of Birth, (Street and Number) Balto bify # 1005 blyton Place 5. Full Name of Mother, Emma Man Kelso 6. Mother's Maiden Name, 7. Nother's Birthplace, of alto bity Ild 8. Full Name of Father, William games Stels 9. Father's Occupation of our regards House Shoer 10. Father's Birthplace, Balto bity Ind Name of Medical Attendant, or other person who Who Ilordian Address, # 883 Green-Mount CVE

GIVEN NAME	AUUED	9-11	- (7	100 months of the latest of th	-
RETURN			BIRT	HA	L01259

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Themale White 1. Sex, (state whether male or female). 2. Race or Color, (if not of the white race) July 24th. 1893 829 Harford and many Kelley 3. Date of Birth. 4. Place of Birth, (Street and Number) 5. Full Name of Mother, May Henry Balt md. 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, Ineland.

Breturn, Wilmer Brintow, M.D.

S. W. Cor. Cabrel + Prestow St. 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address,

Wm J C. Dulany Co., City Printers and Stationers

Remarks,

RETURN OF A BIRTHA L01259

S. W. Cor. Calnut + Prestow st.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 1829 Harford and 4. Place of Birth, (Street and Number) mary Kelley 5. Full Name of Mother, 6. Mother's Maiden Name, May Henry Balt md. 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who

Wm J C. Dulany Co., City Printers and Stationers.

Address, Remarks,

Record of Vital Statistics in the City of Baltimore
Record of Vital Statistics in the City of Baltimore
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shall set forth as far as the same can be ascertained the foil mane of each thirt, it colors the full mane and occupation of its parents, the date and place but
the burth substitution of the precipione of the parents the date and place but
each and every month to the office of the Commissioner of Health. In case the bir
without the attendance of a physician or practitioner of midwifer, or should no of
upon the mother, immediately thereafter it shall become the duty of the person or
or its birth to the Commissioner of Health, in the manner and within the period also
rison or persons who shall hereafter fail to comply with the provisions of this sectifine of ten (19) dollars for each offence, to be recovered as other fines and forfeitures.

RETURN OF A BIRTH L01260

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st, 2d. 3d, &c.) 5/6 child
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) white
3.	Date of Birth. July 31 DL . 1893
4.	Place of Birth, (Street and Number) 1322 Homewood and
5.	Full Name of Mother, amic & Dehff
6.	Mother's Maiden Name, ami & Schaufer
7.	Mother's Maiden Name, Ami & Schaufer Mother's Birthplace, York Co. Pa.
8.	Full Name of Father, William A. DEhoff,
9.	Father's Occupation, Engineer A. l. R. R.
10.	Father's Birthplace, Jork lov Pa
	Name of Medical Attendant, or other person who who makes this Return, Walmer Brinton. m.D.
	Address. S. W. lear, lealnest + Pruston A
	Remarks,

Record of Vital Statistics in the John of Dathinores in the City of Dathinore indee whose charge or such literature charged and ordained that every person practicing midwil register of such birth, and shall cuter the same on a blank schedule, to be printished by the fields. This schedule shall cuter the same on a blank schedule, to be printished by the fields. This schedule shall contain a list of the births which have occurred under his or head month, and shall set forth as far as the same can be ascentianed the find name of each dilid, bent conferred its sex, color, the full name and occupation of its parents, the date and place shall be delivered, duly signed by the practitioner in the form of accritical better their day of each and every month to the office of the Commissioner of Health. In case the child to report its birth to the Commissioner of practitioner of midwifer, or should no child to report its birth to the Commissioner of Health, all the manner and within the person or persons who shall hereafter it shall become the daty of the person any such person or persons who shall hereafter fail to comply with the provisions of this section of the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitting.

RETURN OF A BIRTH. A.01261

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Vo	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) White
	Date of Birth. July 25th 1893
4.	Date of Birth. Place of Birth. (Street and Number) 1512 Register St. (Mc & money h)
5.	Full Name of Mother, Elizabeth Schaeffer. Mother's Maiden Name, Elizabeth Carrey
6.	Mother's Maiden Name, Elizabeth Carrey
7.	Mother's Birthplace, Ballim no! md
8.	Full Name of Father, Frank Schaeffer
9.	Father's Occupation, Engineer Philadelphia Pa
().	Father's Birthplace, Philadelphia La
	Name of Medical Attendant, or other person who Wilmer Bonntow, m.D.
	Address, S-W. lear Calvert - Prenton St.

Wm J C. Dulany Co., City Printers and Stationers.

Remarks,

RETURN OF A BIRTH. L01262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name,
2. Race or Color, (if not of the white race) Color (3. Date of Birth, Street and Number) January Color (5. Full Name of Mother, Direct Color (6. Mother's Maiden Name, Date (7. Color (
4. Place of Birth, (Street and Number) 12/8000000000000000000000000000000000000
4. Place of Birth, (Street and Number) 12/8000000000000000000000000000000000000
5. Full Name of Mother, Sign Sign Sign Sign Sign Sign Sign Sign
7. Mother's Birthplace, Eastern Have, Al
8. Full Name of Father, Good Land
9. Father's Occupation Crise
0. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address, 1/2/ Jacoba JT
Remarks,

RETURN OF A BIRTHALO1263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	Sex. (state whether male or female)
2.	Race or Color, (if not of the white race) Stalle
3.	Date of Birth. July 13, 1893
4.	Place of Birth, (Street and Number) Do Cagn
5.	Full Name of Mother, Annu Mollsnell
6.	Mother's Maiden Name, Rifley
7.	Mother's Birthplace, Ongland
8.	Full Name of Father, & Allen
9.	Futher's Occupation J. Statchman
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address,
	Remarks,

Record of Vital Statistics in the Gity of Baltimore. SECTION 7.—And le it further enacted and ordained that every person practicing modwifers in the City of baltimore under whose clearing early approximendence aloring shall bereafter the place, shall be the remaind correct gister of such britis, and shall custom a list of the births which have occurred under his or her crue during the contribution of the present occurred under his or her crue during the conferred, its sex, color, the full name and occupation of its presents, the date and place of birth; and the sid schedule shall be delivered, duty signed by the practitioner in the form of a certificate between the first and the hall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in the other person being the comparisoner of midwifery, or should no other person be in high or report is birth to the coffice of the Commissioner of midwifery, or should no other person be in my such person or parents of fitted in the manner and within the person or parents of such high to report its birth to the coffer fail to comply with the provisions of this section shall be subcited to the fine of ten (10) dollars for each offence, to be recovered as other fines and forieitures are recoverable.	RET To the Office of Reg
Record of Vital Statistics in the City of Baltimore. SECTION 7.—And le infurther cuacted and ordained that every person practicing madwifers in the City of engister of such whose claring engages assuperintendence alorth shall hereafter take places, shall keep at rune and correct feath. This section is also for crue times and correct of the births which have occurred under his or her crue during the continuation of the state of the births which have occurred under his or her crue during the conferred, its sex, color, the full name and occupation of its pretus, the date and place of birth, and this adds shall be delivered, duly signed by the practitioner in the form of a certificate between the first an hild day of each and every month to the office of the Commissioner of Median of a certificate between the first an hild day of each and every month to the office of the Commissioner of madwifery, or should no other person the their annotation the internal madwiffery, or should no other person to it feath, in the manner and within the person or parents of such the first burst of the Countisioner of Health, in the person or parents of such the first burst of the Countisioner of Health, in the person or parents of such the first burst of the countisioner of if eath, in the manner and within the person about some the discounties are recoverable cited to the fine of ten (10) dollars for each offence, to be recovered as other fines and forietures are recoverable.	No. of Chitd of Mother, (stat
ecord of Vital Statistics in the City of Bahli decord of Vital Statistics in the City of Bahli declar the present person practicing to the infurther cuacted and ordained that every person practicing to see clauge or supermendence a large shall be refair the place, shall the sail content a list of the burths which have occurred under let forth as far as the same can be ascertained the full name of each see, color, the full name and occupation of its parents, the date in be delivered, duly signed by the practitioner in the form of a certifican elementer, numeriately thereafter it shall become the duly of the pirth to the Commissioner of itselfth, in the manner and within the persons who shall thereafter fail to comply with the provisions of them (10) dollars for each offence, to be recovered as other fines and for	 Sex, (state whether mate Race or Cotor, (if not of
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TURN OF A BIRTH AL01264

gistrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex. (state whether mate or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth. SWY 97 193
4.	Place of Birth, (Street and Number) 009 Atisting
5.	Full Name of Mother, Oath met Smith
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
	Futt Name of Father,
9.	Father's Occupation July Poplar Packet
	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address,
	Remarks,

RETURN OF A BIRTH, L01265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

) W
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) // Curcul
2.	Race or Color, (if not of the white race)
	Date of Birth.
4.	Place of Birth, (Street and Number) /4/6 Callusiu Cel
	Full Name of Mother, George a. Besley
	Mother's Maiden Name.
7.	Mother's Birthplace. How Co. how
8.	Full Name of Father, Abellian E. Besley
9.	Father's Occupation, Lalleman
10.	Father's Birthplace, Butt. W. W
	Name of Medical Attendant, or other person who wakes this Return,
	Address, 2 2 Central 2e
	Remarks,

RETURN OF A BIRTH. L01266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0.	of Child of Mother, (state whether 1st, 2a, 3a, &c.)
	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
	Date of Birth.
١.	Place of Birth, (Street and Number)
5 .	Full Name of Mother, Eller Miller
3.	Mother's Maiden Name, a Martin
7.	Mother's Birthplace, Jellen
8.	Full Name of Father,
9.	Father's Occupation.
().	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address,
	Remarks,

RETURN OF A BIRTH. L01267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Def.
of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female)
Race or Color, (if not of the white race)
Date of Birth.
Place of Birth, (Street and Number) 2/5/2 Gay 26.
Full Name of Mother, Leticca Colin
Mother's Maiden Name, gu Houas
Mother's Birthplace, Compylia to the March t
Full Name of Father, Charles Z. Those
Father's Occupation, Lather free Chest
Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address,

Wm J C. Dulany Co., City Printers and Stationers.

Remarks,

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RETURN OF A BIRTHA L01268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

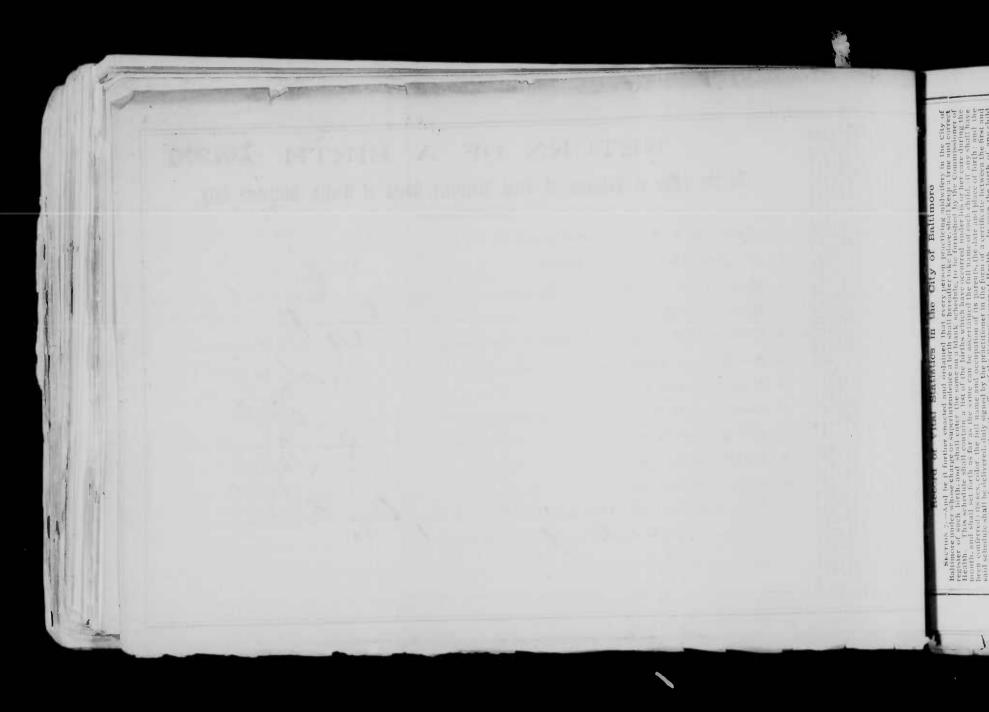
	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or Jemuie)
	Race or Color, (if not of the white race)
3.	Date of Birth, June 174/893
4.	Place of Birth, (Street and Number) 1000 8. Ball 21.
5.	Full Name of Mother, Matheria E. Evans
6.	Mother's Maiden Name,
7.	Mother's Birthplace. Beello
8.	Full Name of Father, Charles J. Evans.
9.	Father's Occupation. In du taken
1().	Father's Birthplace, Bestin Mass
	Name of Medical Attendant, or other person who Educated State Original State of Medical Attendant, or other person who are the state of
	Address,

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onmissioner of cure during the any shall have birth; and the beau the first and th of any child the remoin be in parents of such re required, and an shall be sub- are recoverable.	GIVEN RAME ADDED 19/6/ To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
I by the Child, if his or her he child, if his or her his or her his order between size the hir his person or period above this section of thi	Name: Francis Peter M. Shane No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
under under date in certific or she of the of sand is and in the sand	1. Sex, (state whether male or female) Male
s, the fundament of a calth. Alfery, duty I within provise er fine	2. Race or Color. (if not of the white race)
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ist of and color of the second	7. Mother's Birthplace, Som B. M. Chause
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and sand see shall in the as color, elivery in wery in the to the soons.	10. Father's Birthplace,
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man de la	

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (stale whether male or female).... 2. Race or Color, (if not of the white race). 3. Dale of Birth, 818 Dullace St. 4. Place of Birth, (Street and Number)..... 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Molher's Birthplace,... 8. Full Name of Father, ... 9. Falher's Occupation ... 10. Father's Birthplace, Name of Medical Allendanl, or other person who makes this Return Address. 245 & Moureul St. Remarks, Cle Ivelo

RETURN OF A BIRTH. 101270



RETURN OF A BIRTH. 101271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

- 1. Sex, (state whether male or female)...
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth, ...
- 4. Place of Birth, (Street and Number) ...
- 5. Full Name of Mother, A.
- 6. Mother's Maiden Name, ...
- 7. Mother's Birthplace, ...
- 8. Full Name of Father,
- 9. Father's Occupation, ...
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, ..

Remarks,

RETURN OF A BIRTH. 401272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether male or female)
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth,
- 4. Place of Birth, (Street and Number)
- 5. Full Name of Mother, ____
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace,
- 8. Full Name of Father,
- 9. Father's Occupation,
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, ...

Remarks,

RETURN OF A BIRTH AL01273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d	
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	Black
3. Dale of Birth,	June 20
4. Place of Birth, (Street and Number)	113W. Zombard M.
5. Full Name of Mother, 20	the Calaman
· Matheway Maidon Nama	
7. Mother's Birthplace,	(Va.
3. Full Name of Father,	
). Father's Occupation	
o. Falher's Birthplace,	7 1 1 3 1
Name of Medical Allendant, or other person who	Chas. I Men
Address,	115W. Lowbard P.
Remarks,	

vini. ; . C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH AL01274 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race).... 3. Date of Birth, 4. Place of Birth. (Street and Number)..... 5. Full Name of Mother, 6. Mother's Maiden Name, ... 7. Mother's Birthplace, 8. Futt Name of Father,... 9. Father's Occupation. 1salto 10. Father's Birthplace, Butt. Name of Medical Attendant, or other person who makes this Return,... Address, 1245 6. Januares Remarks, All Hell Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 101275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

nn h	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
certification of the circuit of the care date and certification of the care of	1. Sex, (state whether male or female)
be find the	2. Race or Color, (if not of the while race)
ule, to the following the foll	3. Date of Birth.
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he birth an or safter Health fail to	6. Molher's Maiden Name,
at of the same of the safter	7. Mother's Birthplace, Sea Vinol
nter the same of a poly significant of a pol	8. Full Name of Father, 1994 Black 19
or support of the found of the	9. Father's Occupation Experies Birthplace.
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whose sirth, set for s	Name of Medical Attendant, or other person who makes this Return.
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RETURN OF A BIRTH LUNG!

RETURN OF A BIRTH.

L01276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex. (state whether male or female)
	Race or Color, (if not of the white race)
	Date of Birth, June 10 16 18
	Place of Birth, (Street and Number)
ĭ.	Full Name of Mother, A more of Mother,
	Mother's Maiden Name, Sohe 1 22 Start
	Mother & Birthplace,
	Father's Occupation Birthplace, Both and Andrew State of
	Name of Medical Attendant, or other person who Makes this Return.
	Address, OCS Washing of
	Remarks,

RETURN OF A BIRTH. L01277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Cotor, (if not of the white race)
	Date of Birth.
4.	Place of Birth. (Street and Number)
5.	Full Name of Mother,
6.	Mother's Maiden Name, Ly Balto.
7.	Mother's Birthplace.
8.	Full Name of Father,
	Father's Occupation
10.	Father's Birthplace.
	Name of Medical Attendant or other person who makes this Return.
	Address, 1243 6. Afgrunent Str
	Remarks, CCC 9666

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commission r care during any shall of birth; an ween the first birth of any ther person or person or person of person shall bees are recoved.	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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turn turn the ed und the ed und of a cc a alth. Cry, or uty of ithin the ovision fines a	2. Race or color, (if not of the white race) (the
occurry full national	3. Date of Birth, June 3.6 th
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a list on hame signed signed a physical a ph	8. Full Name of Father, It to bet I what It I
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inle shift sex. Control sex. Co	Name of Medical Attendant, or other person who
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RETURN OF A BIRTH. A 101279 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, de.) 1. Sex, (state whether male or female) 3. Date of Birth, 5. Full Name of Mother, Janus Jones 6. Mother's Maiden Name, ... 7. Mother's Birthplace,. 8. Full Name of Father, 9. Father's Occupation. 10. Father's Birthplace, .. Name of Medical Attendant, or other person who nakes this Return, Anddress, 622 H. Sombard St. Remarks,

Male 2. Race or Color, (if not of the white race) Colored 4. Place of Birth, (Street and Number) 925 Bruce 24

RETURN OF A BIRTH.	ME ENGLISHED
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m. the Office Posicion of Vital Ctatistics Roard of Health Ralting	nore City
To the Office of Registrar of Vital Statistics, Board of Health, Baltim	nord orty.
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
The state of the s	
1. Sex. (state whether male or female)	
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2. Race or Color, (if not of the white race)	
3. Date of Birth, 25 15 23 4. Place of Birth, (Street and Number) 232	
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Dian of Birth (Street and Number) 232	
4. 1 tuce of Inter. (Server total)	
u di di monto de la constante	
6. Mother's Maiden Name,	
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
T. Mother's Burthplace,	
8. Full Name of Father,	
9. Father's Occupation for e free free grant in the state of the state	
5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
10. Father's Birthplace,	
The state of the s	
Name of Medical Attendant, or other person who makes this Return.	as a discourse of the same of
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Remarks,	
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RETURN OF A BIRTH. 101281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2a, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) I fel fe
3. Date of Birth, July Lyfen 18 95 planes 5 State
4. Place of Birth, (Street and Number) 1506 Jensey Son Ific.
5. Full Name of Mother, Allerian Cainel Jing.
6. Mother's Maiden Name, Molet Moure
7. Mother's Birthplace, Je Ling My
8. Full Name of Father, Stante On LIMI MILECANT.
9. Father's Occupation & Bull Couplent.
10. Father's Birthplace, Cheymanif
Name of Medical Allendani, or other person who
Address, 1242 Mc Elvery Sty Boltinoul
Remarks, Lienna Santical Midwife
1468

RETURN OF A BIRTH L01282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether male or female) 2. Race or Color. (if not of the white race) 3. Date of Birth, Jun 22 Datimate Color 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation 9. Father's Occupation 9. Father's Birthplace, Name of Medical Attendant, or other person who life of the Address, Address, Address, Remarks.	No.	of Child of Mother, (stale whether 1st, 2d, 3d, &c.)
2. Race or Color. (if not of the white race) Calard 3. Dale of Birth, Jun 22 Balinage (Oith) 4. Place of Birth, (Streel and Number) Balinage (Oith) 5. Full Name of Molher, June Balinage 6. Molher's Maiden Name, Januar Balinage 7. Molher's Birthplace, Januar Balinage 8. Full Name of Father, Land Balinage 9. Father's Occupation General Calard 10. Pather's Birthplace, Dallett Calard Name of Medical Attendant, or other person who live of the Maiden Address, Address, Address, Address, Address,		
3. Dale of Birth, Lin 22 Constitute 4. Place of Birth, (Streel and Number) Solutions 5. Full Name of Molher, Strike Solution 6. Molher's Maiden Name, Solution 7. Molher's Birthplace, Salution 8. Full Name of Father, Hazen Solution 9. Father's Occupation General Galace 10. Father's Birthplace, Salution Strike Solution Name of Medical Attendant, or other person who makes this Return. Address, Address, Address, Salution Solution Solut	1.	Sex, (state whether mate or female)
3. Date of Birth, Jun 22 Constitute 4. Place of Birth, (Street and Number) Detructe 5. Full Name of Mother, Julie 9. 50 M. 6. Mother's Maiden Name, Julie 9. 50 M. 7. Mother's Birthplace, Julie 9. 50 M. 8. Full Name of Father, Julie 9. 50 M. 9. Father's Occupation General Galace 10. Father's Birthplace, Julie 10. Supply Name of Medical Attendant, or other person who live of the Machanal Address, Madress, Machanal Galace Address, Maiden Number) Description of the person who live of the Machanal Address, Maiden Name of Medical Attendant, or other person who live of the Machanal Address, Madress this keturn.		and of the white race) Caland
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4. Place of Birth, (Streel and Number) 2 Deliver (2) 5. Full Name of Molher, 2000 2000 2000 2000 2000 2000 2000 20	3	
5. Full Name of Molher, Suite Dearing 6. Molher's Maiden Name, Square Dearing Country 7. Molher's Birthplace, Sauce Dearing Country 8. Full Name of Father, Rasea Dearing Country 9. Father's Occupation Sense Lawrence Country 10. Father's Birthplace, Dawelt Country Name of Medical Attendant, or other person who was this Return. Address, Address, Country Country Address, Country 15. Full Name of Molher, Sauce Country 16. Molher's Maiden Name, Sauce Country 17. Molher's Birthplace, Sauce Country 18. Full Name of Father, Sauce Country 19. Father's Occupation Sense Country 10. Father's Birthplace, Sauce Country 10. Father's Birthplace, Sauce Country 10. Father's Compation Sense Country 10. Father's Compation Sense Country 10. Father's Compation Sense Country 10. Father's Director Country 10. Father's Birthplace, Sense Country 10. Father's Compation Sense Country 10. Father's Compation Sense Country 10. Father's Compation Sense Country 10. Father's Birthplace, Sense Country 10. Father's Birthplace, Sense Country 10. Father's Compation Sense Country 10. Father's Birthplace, Sense Country 10. Father's Birthplace, Sense Country 10. Father's Compation Sense Country 10. Father's Country 10. Father		a netrucke to the
5. Full Name of Molher, Strike Booms 6. Molher's Maiden Name, Strike Booms 7. Molher's Birthplace, Saluet County 8. Full Name of Father, Hazea Cata 9. Father's Occupation General Cata 10. Father's Birthplace, Suluet Cata Name of Medical Attendant, or other person who Madress, Address, Catal Strike Return, Strike Catal Address, Catal Strike Birthplace	4.	Place of Birth, (Street and Number)
6. Molher's Maiden Name, Sand South South 1. 7. Molher's Birthplace, Sale of South 1. 8. Full Name of Father, Hazea South 1. 9. Father's Occupation General Good 1. 10. Father's Birthplace, South 1. Name of Medical Attendant, or other person who Name of Medical Attendant, or other person who Address, Address, Address, South 1.		12.11 Name of Wolher living
6. Molher's Maiden Name, 7. Molher's Birthplace, 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address, Address,	i).	Full Name of Monte,
7. Molher's Birthplace, Sauce 3. 1. 8. Full Name of Father, Lazea 3. 1. 9. Father's Occupation General square 10. Father's Birthplace, Auce 1. Name of Medical Attendant, or other person who makes this Return, Address, Address, Address, Address, Address, Address, Address	6.	Molher's Maiden Name,
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10. Father's Birthplace, Durent Continued Name of Medical Attendant, or other person who live of the Diaches Address, Out of the person who have this keturn.		alletal where
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RETURN OF A BIRTH. A. L. 1283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ne	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex. (state whether male or female) formule.
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 21 July
	Place of Birth, (Street and Number) Hace 1245.
5.	Full Name of Mother, Suge Jours Sty
6.	Mother's Maiden Name, Janelsky
7.	Mother's Birthplace, Jeanny
	Full Name of Father, garden Jabret
	Father 8 Occupation
10	. Father's Birthplace,
	makes this return,
	Address. 1225 House street.
	Remarks,

RETURN OF A BIRTHA LO1284

only case of the control of the cont	No. of Child of Mother, (state whether 1st, 2d, 3d, de.)
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the form	3. Date of Birth. June 22 1893
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Scenarios de la companya de la compa	5. Full Name of Mother, Lacyyl Estel
to the state of th	a William Wald
es affice and co.	6. Mother's Maiden Name, Malg
Per fine of Her	7. Mother's Birthplace, Saltinone
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tely ion	8. Full Name of Father, Cooper Elict
or of or or or	8.
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RETURN OF A BIRTH. L01285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 34 de.)
	Sex, (state whether mate or female). The ale
L pne	Race or Cotor, (if not of the white race) Cologed
the true	have in color, (if the write race). The series of the seri
3.	Date of Birth. June 20th
	Place of Birth, (Street and Number) 874 Jim It
.c. 5.	Full Name of Mother, and R. Frisby
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
e e	Full Name of Father,
9.	Father's Occupation
10.	Father's Birthplace,
en (no	Name of Medical Attendant, or other person who makes this Return, A. J. B. Stoul
lle or	Aidress, 622 It. Soubont St.
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	Record of Vital Statistics in the City of Baltimore.	Sed To
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		section 7.—And be it further enacted and ordained that every person practicing midwidery in the City of more under whose charge or superintendering which he with selecting, and shall keep a true and correct near of such brith, and shall enter the same on bank schedule, to be furnished by the Commissioner of the This schedule, and shall enter the same on bank schedule, to be furnished by the Commissioner of the This schedule shall contain a first of the births which have occurred under his or her cure during the h, and shall set forth as far as the same can be accertained the full name of each child, of any shall have
		Hieror.

RETURN OF A BIRTH 101286

0.	of Child of Moiner, (state whether 1st, 2h, sh, de.)
	Sex. (state whether male or female) (Twing) Two Fernace
	Ruce or Cotor, (if not of the white race) tolond
	Dale of Birth : mil 240
	Place of Birth, (Street and Number) 072, The Soulovel
i.	Full Name of Mother, Pavinia Blake
j.	Molher's Maiden Name,
· .	Mother's Birthplace,
3.	Full Name of Father,
).	Falher's Occupation
).	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address, 622 W. Lowbord, 24
	Remarks,

RETURN OF A BIRTH L01287

	of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 13 Th June 1893
	Place of Birth, (Street and Number) 208 5 200
5. 4	Full Name of Mother, Soca, Starilier
	Mother's Maiden Name, Quelete of Mother's Birthplace, Question
8.	Full Name of Father, farig Shailer
9.	Father's Occupation faile
	Father's Birthplace, Kussic
	Name of Medical Attendant, or other person who Address, 42 albertale (1)
	Remarks,

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RETURN OF A BIRTH. AL01288

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex. (state whether male or female)
2.	Race or Color, (if not of the white race)
3	Date of Birth. /2 James 8 3
	Place of Birth, (Street and Number) //4/ If Ge Colesy
5.	Full Name of Mother, Koy Hacerong
	Mother's Maiden Name,
7.	Mother's Birthplace, 4. celina
	Full Name of Father, Jacob Mass recog
	The transfer of I want of
9.	Father's Occupation
10.	Father's Birthplace, Justine
	Name of Medical Attendant, or other person who makes this Return.
	makes this return,
	Address, Address,
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determine the control of the Control	6. Mother's Maiden Name, " Renter
to the same stood to the same can one and one can one office by the se office physician or of the eafter fall offent, and offe	7. Mother's Birthplace, Balte Balte
enter train a bas the same a fall was the same at the same at the train at the trai	8. Full Name of Father, Adelbert Thurman 9. Father's Occupation Batchmacker
further and shall and shal	10. Father's Birthplace, Germany
be the second of	Name of Medical Attendant, or other person who makes this Return.
This sch d shall erred; in of each of each r without sport its	Remarks. Name of Medical Attendant, makes this Return. Address. Lipo Deironhofes 2225 Canton hve
Breeze feath, and conth, and said sched ind day hall occu trendanc hild to re ny such i	Tiemerns,

RETURN OF A BIRTH. 1290 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Race or Cotor,	(if not of the	Al	0 000	101	00
. Date of Birth		- Ju	est - 9	10/19	707
. Ptace of Birth,	(Street and N	umber)	220.	Eden	st.
. Full Name of	Mother,	Kas	Harine	sephe.	n
. Mother's Maide	en Name,	10	A fee	ier	•
. Mother's Birth	ptace,	150	Minson	· S	
. Full Name of 1	Father,	John	1 Deph	en,	
. Father's Occup	pation		bark -	Conduc	lor
. Father's Birth	ptace.	•••••	Tenzely	phaniar	<u>ı</u>
Name of Medic	cat Attendgat,	or other to son who makes from Return	Mary	Steir	V
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RETURN OF A BIRTH. L01291

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	RETURN OF A BIRTH. LU1292
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Mane of Child: For the Office Shot of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. 2.	Sex, (state whether male or female) (Certain Race or Color, (if not of the phite race)
3	Place of Birth. (Street and Number) 165 27
5.	Full Name of Mother, Dezer Hollarsh
7.	Mother's Maiden Name, A torcher g Mother's Birthplace, Russia.
8.	Full Name of Father, Singer Holl-arely
	Father's Birthplace, Russiger
	Name of Medical Attendant, or other person who makes this Return, and all the state of the state
	Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L01293

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
A 7 /
1. Sex, (state whether mule or female)
2. Race or Color, (if not of the white race)
3. Date of Birth. 2 1 Jane 18 23,
4. Place of Birth, (Street and Number) \$05 & Lay ette
5. Full Name of Mother, Tara Alles
6. Mother's Maiden Name, LICO
7. Mother's Birthplace, / Inssian
8. Full Name of Father, Jours Ales
C. I all I was a second
9. Father's Occupation
10. Father's Birthplace, Krassica
Name of Medical Attendant, or other person who
Address, 42 CRI Emarle fo
Remarks,

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RETURN OF A BIRTH.AL01295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 20	than Sump
1. Sex, (state whether mate or female)	
2. Race or Color, (if not of the white race).	White
3. Date of Birth,	June 30
4. Place of Birth, (Street and Number)	Co. Man Jones
5. Full Name of Mother,	July 16 Garalfornia
6. Mother's Maiden Name,	Ling in Annouse
7. Mother's Birthplace,	Joern and
8. Full Name of Father,	Geng of Desh,
9. Father's Occupation	Danter
10. Father's Birthplace,	Balling
Name of Medical Attendant, or other person w	ho Katik, Chin, 106
Address,	66 Juden Call It
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RETURN OF A BIRTHA L01297

o. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.)
. Sex, (state whether mate or femate)
Race or Cotor, (if not of the white race)
3. Date of Birth. June 29/93#916 & Charles Lt
Place of Birth. (Street and Number) # 16 Sharles
5. Full Name of Mother,
5. Mother's Maiden Name, Alda
8. Full Name of Father, John Allowh Hagerich
9. Father's Occupation
0. Father's Birthplace, Sallo
Name of Medical Attendant, or other person who Makes this Return.
Address,
Remarks,

RETURN OF A BIRTH L01298

Sem (state enhalter male or female)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Graron. (afr. wright
3. Date of Birth, June 29. 1893.
. Place of Birth, (Street and Number) 823. Welianne Alley
5. Full Name of Mother, Many Longfort Junh
3. Mother's Maiden Name, Mary Longfast
Mother's Birthplace, January Launty, Med.
3. Full Name of Father, Alich Finding
O. Father's Occupation, Breithmaker
. Father's Birthplace, Baltimore City, Md,
Name of Medical Attendant, or other person who & I Walking M.
Address, Roy 628, V. Entan St.
Remarks,

RETURN OF A BIRTH. L01299

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 oud
1.	Sex, (state whether mate or female) - Apricale
	Race or Color, (if not of the white race) Colored
	Date of Birth, MEducaday 28 Cu, June
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother, Italy Mice Chezefette To Nown
	Molher's Maiden Name, Starence Elizabeth West
	Mother's Birthplace, Galling of Brown
	Full Name of Father, Father's Occupation
	Father's Birthplace,
	Name of Medical Attendant, or other person who
	Address, 401 Levris St
	Remarks, Doing well

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	Sot the state of t	3. Date of Birth. June 29 18 93
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	in Shan	5. Full Name of Mother, anna Star Matthews
	is the control of the	
н	stic	6. Mother's Maiden Name, / Oanford
В	utik	7. Mother's Birthplace, Ball - City all
ı	Strain of the st	1. Mother's Birthplace, 11)
	tod interior	8. Full Name of Father, William, Stor Mallews
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	doll who who	10. Father's Birthplace, Balt City Wo
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RETURN OF A BIRTH LO1301

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Race or Cotor, (if not of the white race)	Mile
Date of Birth,	28 es generej 93
The state of the state of West Land	40 34 min 12 2
Place of Birth, (Street and Number)	4, 7, 6,0 1.0
Full Name of Mother,	Killianni Kleinge till
Wether's Maiden Name	Kallarina Illeis
Mother's Matteen Hame,	Balla
Mother's Birthplace,	1 . 1 . 6 891 / . 1
Full Name of Father,	<u> </u>
Wather's Occupation	Birlscher.
rainer a cocapactor	Herminan
Father's Birthplace,	1 11 1 2000
Name of Medical Attendant, or other person who makes this Return,	Triederike Reuser III. a. v. Je
	2116 11 st Prall SI
Address,	The of Assets
Remarks,	
	Sex, (state whether male or female) Race or Color, (if not of the white race) Date of Birth, Place of Birth, (Street and Number) Full Name of Mother, Mother's Maiden Name, Mother's Birthplace, Full Name of Father, Father's Occupation Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks,

RETURN OF A BIRTH. 101302

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issione I here ir each	Full Name of Father,	
O shall ars fo	Father's Occupation	The state of the s
9 ≥ 10.	Falher's Birthplace,	
person person ten (1)	Name of Medical Attendant, or other person who makes this Return.	VI fan Di
son or fine of	Address,	11111111111
h per	Remarks,	

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No.	of Child of Mother, (state whether 1st, 2d, 2d, &c.)
1.	Sex, (state whether water or female)
	Race or Color. (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number)
	Full Name of Mother,
	Mother's Maiden Name,
	Mother's Birthplace,
	Full Name of Father, Same Same Same Same Same Same Same Same
	. Father's Birthplace,
10	Name of Medical Attendant, or other person who Kulas Lolland
	Address,
	Remarks,

RETURN OF A BIRTH. L01304

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2. Race or Color, (if not of the white race)	1/ 12/4
3. Date of Birth,	24 1 fing 93
4. Place of Birth, (Street and Number)-	2123 (1215/1 m /s
5. Full Name of Mother,	Bothin Adm uski
6. Mother's Maiden Name,	Ferris Midanik
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	y wy . e 5
10. Father's Birthplace,	Pote
Name of Medical Allendanl, or other person who makes this Return,	Briederike Kenler midwite
Address,	2116 11 A Pran Is
Remarks,	

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	f rallmore	places shall keep a places shall keep a dumhard by the ne of order by the educe and place f a certificate late. In the case the by yof the person of bions of this sect uses and forfeiture
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	Statistics ir	and ordanied the indence a borth she be some our a blan set of the births we same can be again set of the births we same can be added to be and occupation (New of the Committy) (Weeked the to the Weeked the the troft Death, in the entire fait to com-
me of the Health	1 of Vital	further canacted arge or superint of shall cuter I dual contain a 1-as far as the solor the full name verted, duly sign by yeard, duly sign by yeard, duly sign ber, immediately the Commission is who shall her, dollars for each dollars for each
	Record	Partitions—And but the threfter enterted and ordanied that every person practicing midwiters in the city of patients and order whose charge or superintendence a both shall hereafter the place, shall keep a freme and correct register of such birth, and shall enter the same our albah is electified in the birth, and shall set forth a shall contain a first of the births which have occurred manabled by the commissioner of freath. This schedule shall contain a first of the births which have occurred manable to be contained the search of the birth and shall set forth as far is the same can be ascertified the find under offered its sex, color, the full name and occupation of its parents, the date and place of high land the third day of each and every month to the office of the Commissioner of the form of a certificat to increase the first and strendance upon the unother, immediately thereafter it shall become the day of the person or purerison bein any such person or purerison or pure or person or pure of the commissioner of the day of the person or purerison has such person or purerison who shall becenter it is comply with the princip above required, and sind he subjected to the fine of ten (49) dollars for each offence, to or recovered as other fines and forfeitures are recoverable.
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RETURN OF A BIRTH. A01305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d. 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 2f

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Occupation,

10. Father's Birthplace,

Name of Medicat Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH L01306

rein of the control o	No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
mished mider by the amount of the amount of the amount of the properties on the properties of the prop	1.	Sex, (state whether mate or female) Male
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schedu jech har of its pr of its pr eer in th ssioner of hecond hecond hecond hecond	4.	Place of Birth, (Street and Number) Lanteneltal Hotel
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te birt occup	6.	Mother's Maiden Name, go I July Thungan
same of the control o	7.	Mother's Birthplace, Manyle, Albounty
n a lib lib ram lib ram o the o the o of a p instelly ission all her	8.	Full Name of Father. Willains Thornism
containent containent for the full of the shift of the shift of the full of th	9.	Futher's Occupation, Laborer
shall she shall shall shall as color. clovere very city attent of the tatten of the tatten ta	10.	Father's Birthplace, earten Mangland
hedule set for set for ill be do and e and e and e the ma s buth of per		Name of Medical Attendant, or other person who sandal Jane Illum
such his schill shall his schill shall he shall		Address, No 124 west Hurry at
th. The t		Remarks, fall 1 month
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RETURN OF A BIRTH. L01307

1. Sex, (slate whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, Octate 4. Place of Birth, (Street and Number) 5. Full Name of Mother, Company 6. Mother's Maiden Name, Gland Name, Gland 7. Mother's Birthplace, Added 2 reliand 8. Full Name of Father, Compation 9. Father's Occupation 10. Father's Birthplace, Description of Company Name of Medical Attendant, or other person who have the Return, Canada Company Address, Addr	No	of Child of Molher, (state whether 1st, 2d, 3d, &c.)
3. Dale of Birth, D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1.	Sex, (slate whether male or female) finals
4. Place of Birth, (Street and Number) 1814 (1944) 5. Full Name of Mother, (1947) (1947) 6. Mother's Maiden Name, (1947) (1947) 7. Mother's Birthplace, (1947) (1947) 8. Full Name of Father, (1947) 9. Father's Occupation (1947) 10. Father's Birthplace, (1947) (1947) Name of Medical Attendant, or other person who makes the Return (1947) (1947) Address, (1947) (1947) (1947) (1947) (1947)	2.	Race or Color, (if not of the white race) 60 lord
5. Full Name of Mother, the during 6. Mother's Maiden Name, grand fraing 7. Mother's Birthplace, Lalens in Palmer, 8. Full Name of Father, land care in Pather's Occupation lands 10. Father's Birthplace, Drivandel Care in Return, range of Medical Attendant, or other person who makes the Return, range of Medical Attendant, makes the Return, range of Medical Attendant, which is the Return, range of Medical Attendant, or other person who makes the Return, range of Medical Attendant, which is the first of the fi	3.	Dale of Birth, Ourse he Day
6. Mother's Maiden Name, Alan Manager Mother's Birthplace, Lake And Charles Allerand 8. Full Name of Father, Land Charles 9. Father's Occupation Latendary 10. Father's Birthplace, Drivandel Carather Name of Medical Allendard, or other person who makes the Return, And Scare Latherthe Address, And Andrews, And Andrews, And Andrews, And Andrews	4.	Place of Birth, (Street and Number) 1121 July 1 10 94
7. Mother's Birthplace, Aalers in Leland 8. Full Name of Father, Long County 9. Father's Occupation Larger 10. Father's Birthplace, Dermandel County Name of Medical Allendant, or other person who makes the Return, Sannal Scare Lather Address, Andrews, Andrews, Andrews, Andrews, Andrews, Andrews, Andrews, Andrews	5.	Full Name of Mother, eller durshing
8. Full Name of Father, Long Con 189 9. Father's Occupation Laterian Laterian 10. Father's Birthplace, Description who Name of Medical Altendant, or other person who makes the Return, and Some Jallath Address, Data And Some Jallath	6.	Mother's Maiden Name, 4lyn Alaing
9. Father's Occupation lateral lateral land of Medical Attendant, or other person who who are formed for the first half lateral latera	7.	Mother's Birthplace, Lalers intelland
Name of Medical Altendant, or other person who nand Scare Tolkill Address, Dilling 1	8.	Full Name of Father, long day 819
Name of Medical Allendant, or other person who san at Some Talliell Address, Dillares,	9.	Father's Occupation & labority
Address Dillarre No 115 ust Musy it	10.	Father's Birthplace, (I) rinandel Count
		Name of Medical Allendant, or other person who makes to Return 2 12 2 1 Scare Jally
Remarks, July quant		Address Dillare No 115 ust Willen t
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	49 9 0 = 14 4 4	

RETURN OF A BIRTH L01308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) tipines male and second of
2.	Race or Color, (if not of the white race) borosed
3.	Date of Birth, June 23 18 98
4.	Place of Birth, (Street and Number) 2/7 Commeles
5.	Full Name of Mother,
6.	Mother's Maiden Name, Julyanna 1001
7.	Mother's Birthplace, harfer ferry Ha
8.	Full Name of Father, John Wertson
9.	Father's Occupation, laber min
10,	Father's Birthplace, But timore Ind
	Name of Medical Attendant, or other person who Lory lornish
	Address, 255 leonce Ibice
	Remarks,

WM J. C. DULANY & OO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTHA L01309

RETURN OF A BIRTH. L01310

No. of Child of Mother, (state whether 1st, 2d, 3	d, &c.)
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June Che 22. 18-93
4. Place of Birth, (Street and Number)	4
5. Full Name of Mother,	Allace alenhanch
6. Mother's Maiden Name,	Allace lennard
7. Mother's Birthplace,	Ballimore
8. Full Name of Father,	
9. Father's Occupation	Harlever)
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Also S Seller,
Address,	19.22 Milhim Are
Remarks,	

RETURN OF A BIRTH. A.01311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2a, 5a, ac.) Ligarette ge
1.	Sex, (state whether male or female) of sex
2.	Race or Color, (if not of the white race)
3.	Date of Birth. 22 floor
4.	Place of Birth, (Street and Number) 1116 Colored &
5.	Full Name of Mother, Stattho H County
6.	Mother's Maiden Name, Aboutly lindenberger
	Mother's Birthplace, Baltinoce
8.	Full Name of Futher, Intely fands counter
9.	Father's Occupation, SMICH MACHET
	Father's Birthplace, lyston Spoce.
	Name of Medical Attendant, or other person who lucreyer Mills
	Address, 12 3 B Cobrol Sy
	Remarks,

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 191312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3k	', (c.) 7 5 0 8.
1. Sex, (state whether male or female)	bensele male
2. Ruce or Color, (if not of the white race)	Mile
3. Date of Birth,	21 = 0 f fring 92
4. Place of Birth, (Street and Number)	2124 Christian St
5. Full Name of Mother,	Erna Berkon
6. Mother's Maiden Name,	Erna Löb
7. Mother's Birthplace,	
8. Full Name of Father,	Max Berkon
9. Father's Occupation	Л
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Frie Derike Trences Mietwise
Address,	2116 11 at P1 HT
Remarks,	

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gulations of the Health Department to secure a tun succession of the Seutistics in the Oby of Baltimore.	ts de la
tract Regulations of the Beath Department to secure a nul and the track of Baltimori.	sections z.—And be it further enacted and ordained that every person practeding midwifery in the linear mules above charge or superintendence abbits shall bereafter take place, shall keep a frue and start of the bittle shall be contain a list of the bittle which have occurred under his or ber care dur th, and shall set forth as far as the same on bitals schedule, to be furnished by the commission of the same of cache child at any shall occurred its sex, color, the full name and occupation of its pirates, the data and place of bittle, schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the flay of each and every month to the office of the Commissioner of Health. In case the birth of a cour without the attendance of a physician or practioner of midwifery, or should no other person occur without the mother, humediately thereafter it shall become the duly of the person or parents at or report its britth to the Commissioner of Itealth, in the manner and within the period above requirements or persons who shall hereafter fail to comply with the provisions of this section shall do the fine of ten (1) dollars for each offence, to be recovered as other fines and forfeitures are reco
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	to a constant
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RETURN OF A BIRTHALO1313

1.	Sex, (state whether male or female)	male
2.	Race or Color, (if not of the white race)	all thite
3.	Date of Birth,	June the 20-18-93
4.	Place of Birth, (Street and Number)	gilmow st No 4-15
	Full Name of Mother,	
	Mother's Maiden Name,	Cattie I echo
	Mother's Birthplace,	Bullisnow & O. M. D
	Futt Name of Father,	n // / / /
	Father's Occupation	P 1 g
	manufacture and a second secon	Baltimone
10.	Father's Birthplace,	Mrs & S. S. Ole
	Name of Medical Attendant, or other person who makes this Return,	12 19 9 9 Bill. A.
	Address,	at 11- f & Walking coll
	Remarks,	

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RETURN OF A BIRTH ALDIS14

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s, the	2. Race or Color, (if not of the white race)
the state of the s	Q 9 M. 18 9 2 6h
the series	3. Date of Birth,
A PROPERTY OF THE PROPERTY OF	4. Place of Birth, (Street and Number)
d wing	4. Place of Birth, (Street and Number)
South of the state	A SE Manton Garden
repetition of the	5. Full Name of Mother, Soft wir Montre Jours
be b	4.
25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6. Mother's Maiden Name,
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o hunder the	7. Mother's Birthplace, Rein le de Coll'a Coll'a
of the contract of the contrac	1. Mother's Butthpaces,
the hee	8. Full Name of Father, 21 200
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for the contract of the contra	9. Father's Occupation
The same of the sa	s. Father's Occupation
Honor de la fina della fina de la	10. Father's Birthplace,
as as as the term of the	10. Father's Birthplace,
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th mee's	Name of Medical Attendant, or other person who makes this Return,
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con its	Address, Obrs albary Shackney
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RETURN OF A BIRTH. A 1315

No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.	A
1. Sex, (state whether male or female) Journal	9-1-
2. Race or Cotor. (if not of the white race)	24. 11 el f 2003
3. Date of Birth. Att Cost of	ing of the stable life,
4. Place of Birth, (Street and Number) #	West Confessa Fr
5. Full Name of Mother, Maggie U	Vedraude
6. Mother's Maiden Name, Maggie	May May Buscus
7. Mother's Birthplace, Weissenbach	delilitarinah.
8. Full Name of Father, Steinhar	Clerk
9. Father's Occupation Thisping	Schlesien Germany
10. Father's Birthplace, I Cicher person who	Jelly Barry
Name of Medical Attendant, or other person who makes this Return,	11161012 11
Address	
Remarks,	•

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RETURN OF A BIRTH LOISIE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Rinth
4.	Place of Birth, (Street and Number) # 2904 & flight
5.	Full Name of Mother,
6.	Mother's Maiden Name, adole & Remmet.
	Mother's Birthplace,
8.	Full Name of Father,
9.	Father's Occupation, Steamson
10.	Father's Birthplace,
	Name of Medical Attendant, or other Person who Makes this Return
	Address, 1410.

WM J C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH LO1317

	Race or Cotor, (if not of the white race).
2.	Race or Color, (i) not of the write race)
	Date of Birth,
4.	Place of Birth, (Street and Number) 39 Davis 26
5.	Place of Birth, (Street and Number) 39 Davis 26 Full Name of Mother, Dark france going
7.	Mother's Birthplace, Battiner City
8.	Full Name of Father. thans Washington
9.	Mother's Maiden Name, Mother's Birthplace, Balliner's City Full Name of Father, than Moshington Father's Occupation, Moter
10.	Father's Birthplace, AND TO Cas
	Name of Medical Attendant, or other person who to fakesan
	Address, 129 roges av
	Remarks,

RETURN OF A BIRTH. A01318

No. of Chitd of Mother, (state whether 1st, 2d, 3	d, &c.) 8
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Mile 12
3. Date of Birth,	June Chi
4. Place of Birth, (Street and Number)	william dough & tid
5. Full Name of Mother,	Millie Michery
6. Molher's Maiden Name,	Milley : Street
7. Mother's Birthplace,	2012 60 / Cel
8. Full Name of Father,	
9. Father's Occupation	Segar praker
10. Father's Birthplace,	1) 11 8 6 M
Name of Medical Atlendant, or other person who makes this Return,	Alra D Peller
Address,	17. da Wilkins Clau
Remarks,	

RETURN	OF	A	BIRTH.
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L01319

	of Child of Mother, (state whether 1st, 2a, 3a, &c.)
	Sex, (state whether male or female) / White
	Race or Color, (if not of the white race) 11 holy
3.	Date of Birth, Street and Number) Baltimore
	Trace of Direct, Server and
	Full Name of Morrer, September 1
	Mother's Maiden Name,
	Mother's Birthplace, Signature (1915)
	Full Name of Father, field Coule
	Father's Occupation Stuy secret
10.	Father's Birthplace, Milly Mills American Saugher
	Name of Medical Attendant, or other person who miss limb Bullings
	Address, of francis
	Remarks,

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		across 7.—And be it further enacted and ordained that every person practicing mightings yin the cuts of note made or a constant state of the constitution of the const
	Record of Vital Statistics in the City of Bultimore.	acticing midwited lace, shall keep a arnished by the under his or her e of each child, d
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RETURN OF A BIRTH. 10:320

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orm of seal wifery, se duty ad with provisi her fin	2. Race or Color. (if not of the white race) of hite
the iconer of inidime the ner au	3. Date of Birth, Street and Number) 20 H Jee 9 1
missioner of the color of the c	4. Place of Birth, (Street and Number) € € 6 & K €
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office office ysicia there r of H fter ft	7. Mother's Birthplace, Jackhir 1036
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RETURN OF A BIRTH ALDISM

	10.	of United of Mother, (state whether 1st, 2d, 3d, &c.)
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d se since	1	Sex, (state whether male or femate) Malq
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THE SECTION		
the de the	-	n en 1 /6 m/ De 16 6 3
o ta ta c	3.	Date of Birth. 18 of June 1893
a in a constant		
	4	Place of Birth. (Street and Number) 1416 Carrol St Ballo
Tel Des		
He Hit		Full Name of Mother, Mary Sizzia mathusa
Te Co	5.	Full Name of Mother, frank to the Malhuge
be contraction		
E THE PER	e	Wolfen's Walter Name Math
e parage	t).	Mother's Matthew Name, 1000 to
E C E E C C E E		Mother's Maiden Name, Mary Light Bright Mother's Birthplace, Ballings County
Fe of Street	7.	Mother's Birthphace, Ballins County
office of the control		
acion acion		Full Name of Father, Charlles mathes?
TEST CEST OF	8.	Full Name of Father, Oncolous / Francis
State Bade		
d ding	9	Father's Occupation, Cabrer
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do do		the state of the s
Doo that ago	10.	Name of Medical Attendant, or other person who luvenia miles
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tep in the		Name of Madigal Attendant or other person who
Ser Etable		Name of Medical Attendant, makes this Return,
THE STEP		11. 34 6 11 01 17
Britis C		Address, 1428 Garroll- St.
Per de la come		
o t		Remarks, Doing Well
Supposed to the supposed to th		Hemotins,
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

RETURN OF A BIRTH A LOISES

1.	Sex, (state whether male or female) funds
2.	Race or Color, (if not of the white race) Whiteite
3.	Dale of Birth, June 17 1 1893
4.	Place of Birth, (Street and Number) Ballunois
õ.	Full Name of Mother, Mich gret freget
6.	Mother's Maiden Name, Anar gret Soully
7.	Mother's Birthplace, Jerts Agrouty . Jei
8.	Full Name of Father, John Soenly
9.	Father's Occupation / Ingehinist
0.	Father's Birthplace, Ballimon
	Name of Medical Attendant, or other person who miss Chan Jaylor
	Address, If Sulperdo alles Bullinae
	Remarks,

and correct	parties in the city of parties and correct commissioner of the city of the cit
ulations of the Health Department to secure a full Record of Vital Statistics in the City of Baltimon	the hard everes person peactiving mith- the hard herentier take places shall kee hink schedule, to be dignished by it the which have occurred under his or accruanted the hill name of each chil- pation of its parents, the date and pla- teritioner in the form of a certificate be- commissioner of Redth. In case the periodicular of midwifery, or should be t shall become the date of the person of comply, with the previsions of this serion
Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimon.	Forthware under whose clarge or superintendence a birth shall become peak theirs mid-aftery in the City of register or such birth, and shall suche that where such correct register or such birth, and shall state the same on a binn's shall become the subject state of the birth shall be superintendence a birth shall be be thrubshold by the Commissioner of Reulth. This schedule is the same on a binn's which have occurred under his as the rate during the level configuration is set, forth is far as the same can be ascertained the hill name of each chief, after a birth and become conferred it is set, or the hill name and occupation of its partiests, the chief which after and place of birth and the birth and each which are configurated by the practicioner in the form of a certificate between the first and sheaf occur without the afterdance of a physician or practitioner of midwhery, or should no other person be in alterdance upon the modern of practitioner of midwhery, or should no other person be in any such become the duty of the person or parents of such any such as who shall be subjected to the fine of can find above equal place in the latter of the person or parents of such any such as the same of the person or persons who shall be subjected to the fine of can find above every mid become fine the first of the person of parents of the person of persons of the person of the person of persons of the person of the person of the person of the person of persons of the person of t

RETURN OF A BIRTH. LOGIS23 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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occupate practice occupate occ	6.	Mother's Maiden Name, Hoter Both
ume ca d by th d by th ffice of hy sich therea of th offens	7.	Mother's Birthplace, Ballmore
the sall mann signed of a point o	8.	Full Name of Father. R. frontifuln
the full d, duly outh to lance mmed Comm ho sha	9.	Father's Occupation, laker
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		No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)
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		5. Full Name of Mother, Anna Mandel of Mother, Anna Mandel of Mother, Anna Mandel of the Description of the
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		10. Father's Birthplace, State St
		Remarks,
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RETURN OF A BIRTH. L01326

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race)
3.	Date of Birth, June the 15' 15-93
4.	Place of Birth, (Street and Number) A fulter down wo do 6.22
5.	Full Name of Mother, Allace young
6.	Mother's Maiden Name,
7.	Wother's Birthplace, Black illians
8.	Full Name of Father, gadiefy Maning
	Father's Occupation Labury
10.	Wather's Birthplace, Lanhister Go Columbia So
	Name of Medical Attendant, or other person who Mrs Duffer
	Address, 19-22 Milhim com
	Remarks,

RETURN OF A BIRTH. LO1327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.

- 1. Sex, (state whether male or female) Male
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth, June 18 18 93
- 4. Place of Birth. (Street and Number) 6 24 elm av Baltimore
- 5. Full Name of Mother, Sonne & dunsmare
- 6. Mother's Maiden Name, Lacyus
- 7. Mother's Birthplace, Saltinice MO
- 8. Full Name of Father, Youge of churchmore
- 9. Father's Occupation,
- 10. Father's Birthplace, Stannoken fensilvia

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RETURN OF A BIRTH. ALOIS 28

1. Sex, (state whether male or female)	female
2. Race or Cotor, (if not of the white race)	White
3. Date of Birth,	Jane the 5 , 18,93
4. Place of Birth, (Street and Number)	stricher A No 3-26
5. Full Name of Mother,	Mgrreller Bence
6. Mother's Maiden Name,	Marreller fay
7. Mother's Birthplace,	Cleaveland Opio
8. Futt Name of Father,	george Mi leence
9. Father's Occupation	Baltimow laber
10. Father's Birthptace,	Baltimow
Name of Medical Attendant, or other person who makes this Return,-	Mrs & Sally
Address,	10/9.22 Milhim do
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RETURN OF A BIRTH. L01329

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1. Sex, (state whether male or femate)	Mate
2. Race or Color, (if not of the white race)	Mhils
3. Date of Birth,	B & 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Place of Birth, (Street and Number)	2019 Wilhalm Is
5. Full Name of Mother,	Mina Jachele
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Futt Name of Father,	Therman fielde
9. Father's Occupation.	ZAhar.
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Name of Medical Attendant, or other person who	
Address, 216 11.	PIATT,
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RETURN OF A BIRTH. 1330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, de.)
1.	Sex, (state whether male or female) Finale
2.	Pace or Color, (if not of the white race) Society Date of Birth, January 6, 1893
3.	Place of Birth, (Street and Number) Mo Lying In Joshi al
5.	Full Name of Mother, Lizzie Longe
6.	Mother's Maiden Name, "
7.	Mother's Birthplace, Ind
8.	Full Name of Father, VIS
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Allendant, or other person who makes this Return,
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on a por a p	6. Mother's Maiden Name, 4 , Bersch
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or support of the state of the	9. Father's Occupation, Hatchmaker
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RETURN OF A BIRTH. LOISSE

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	Race or Color, (if not of the white race) . White
3.	Date of Birth, hune 16/9
4.	Place of Birth, (Street and Number) 1187 Colon laced &
5.	Full Name of Mother, Gara Crist
6.	Mother's Maiden Name, & a. Till
7.	Mother's Birthplace, Learnney
8.	Full Name of Father, Lewis Chist
9.	Father's Occupation Balker
0.	Father's Birthplace, Balling (1201
	Name of Medical Attendant, or other person who makes this Return 7/12 13
	Address.
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RETURN OF A BIRTH. A01333

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1. Sex, (state whether mate or female)	gold child
2. Race or Color, (if not of the while race)_	, hile
3. Date of Birth,	desitte of sum
4. Place of Birth, (Street and Number)	1109 lidgery st
5. Fnll Name of Mother,	Hale Bourson
6. Mother's Maiden Name,	1: Celist
7. Mother's Birthplace,	Forthe pt - diegres 19 114.
8. Full Name of Father,	29 2020 W 16 07178301
9. Father's Occupation	Staveour
10. Father's Birthplace,	title of their
Name of Medical Allendant, or other person wh	11/12 3 121 4
Address,	1916 12 41
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۱.	Sex, (state whether mate or female).
2.	Race or Color, (if not of the white race) . It hat
3.	Date of Birth. 4th of Oune
4.	Place of Birth, (Street and Number), Balto 1305 Place Stley
).	Full Name of Mother, Owchel Hospin all
5.	Mother's Maiden Name, 11, Lorenzer
7.	Mother's Birthplace, Baltimoril
	Full Name of Father, Standard Action
).	Father's Occupation Sabojel
),	Father's Birthplace, Battimere
	Name of Medical Attendant, or other person who makes this Return,
	Address, Land
	Remarks,

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RETURN OF A BIRTH. L01335

,	of Child of Mother, (state whether 1st, 2a, 3a, &c.)
	Sex, (state whether mate or female)
	Ruce or Color, (if not of the white race)
	Date of Birth.
	Place of Birth. (Street and Number) 1142 Market 2 bace
	Full Name of Mother, - Serie Baz
	Mother's Maiden Name, Chair Chier-
	Mother's Birthplace.
	Full Name of Father, Barech are
	Futher's Occupation.
	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address, 1013 & Lomboard 2h.
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	To the office of Registrar of Vital Statistics, Board of Health To the office of Registrar of Vital Statistics, Board of Healt
	10. Father's Birthplace, Oulset Oounty

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Wm C. Dulany Co., City Printers and Stationers.	RETURN OF A BIRTH. 19337 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mate or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, (Street and Number) 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace. 8. Pull Name of Father, 9. Pather's Occupation. 10. Father's Birthplace, Name of Medical Altendant, or sther person who makes this Results. 10. Father's Birthplace, Name of Medical Altendant, or sther person who makes this Results. 10. Father's Birthplace, Name of Medical Altendant, or sther person who makes this Results. Remarks,
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RETURN OF A BIRTH. LO1338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d. 3d, &c.) (r. d. children) 6

Sex, (state whether male or female) Muse

Race or Color, (if not of the white race) (9 derect)

Date of Birth.

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Full Name of Mother, Mr. Children C. William

Mother's Maiden Name, Start place, Baltimere

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Name of Medical Attendant, or other person who makes this Return, Address, 123 for Durham

Address, 123 for Durham 31.

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	RETURN OF A BIRTH. A LOI 339 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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	Vm. ; C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH! LOIS40

To the office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother,
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
8.	Full Name of Father,
9.	Father's Occupation
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address, 1/2/1/2 1/2/2000
	Remarks,

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RETURN OF A BIRTH ALM 341

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3. Date of Birth,	(/	moors		
4. Place of Birth, (Street and 5. Full Name of Mother,		dia 1	/ .	/. /
6. Mother's Maiden Name,	V	Lyla	Bayr	in
7. Mother's Birthplace,		1 Bul		
8. Full Name of Father,		es. Bl		ler
9. Father's Occupation		1,00/	*	
Name of Medical Attendar	ut, or other person who makes this Return,	lay, an	n	000
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RETURN OF A BIRTH. A.01342

0.	of Chitd of Mother, (state whether 1st, 2d, 3d, &c.) Mother of the fort lhis
	Sex, (state whether male or female). Linale
2.	Race or Color, (if not of the white race) Colond Race
3.	Date of Birth, Bon Tuesday, June 13 1893
1.	Place of Birth, (Street and Number) Balling D. Duncan Hly della
ĭ.	Full Name of Mother,
5.	Mother's Maiden Name, Of or a Seller
ĩ.	Mother's Birthplace. Upper Hannowit Somerst 6 md
à.	Full Name of Father, Johnson Haynie
).	Father's Occupation Ball new And Cass Maky
),	Father's Birthplace, Bolh. on 112 d.
	Name of Medical Altendant, or other person who Da Glange tima Brooks.
	Address, No 1752 Mullihin DF.
	Remarks,

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scertai actitio e Con practic it shal in th compl	5. Full Name of Mother, A vinit Degale
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RETURN OF A BIRTH. LD1344

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Opilel
1.	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	1
Jers.	Date of Birth,	Jane 6 , 1893
4.	Place of Birth, (Street and Number)	25 Stamburg 26
5.	Full Name of Mother,	Mary Girst
6.	Mother's Maiden Name,	Gerria
7.	Mother's Birthplace,	. 1 1.0
8.	Full Name of Father,	Mathree Jarse
9.	Father's Occupation	Tailor.
10.	Father's Birthplace,	John Sohemia
	Name of Medical Attendant, or other person who	hivasser. Midwife
	Address, 1032	Massoves St
	Remarks,	

RETURN OF A BIRTH 101345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex (state whether male or female),
- 2. Raee or Color (if not of the white raee),
- 3. Date of Birth,
- 4. Place of Birth (Street and Number),
- 5. Full Name of Mother,
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace,
- 8. Full Name of Father,
- 9. Father's Ocenpation,
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

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the Children of the Children	4. Place of Birth, (Street and Number) & Gayer J. 1915
Deput	5. Full Name of Mother, Josefa Marcs
to the parties of the	6. Mother's Maiden Name, Josefer Soil
the the state of the state of a play and the state of t	8. Full Name of Father, Anders Mares
of of other states of the stat	9. Father's Occupation flaiffus 10. Father's Birthplace, Before
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Race or Color, (if not of the white race) Idn 2
Date of Birth, Ance & June
Place of Birth, (Street and Number, Chappel II a Hogunie 113,
Full Name of Mother, Mary Eich
Mother's Maiden Name, chary Halfan
Mother's Birthplace, End of farm
Full Name of Father, Jokol Cich
Father's Occupation Infin Const
Father's Birthplace, French flower
Name of Medical Attendant, or other person who hakes this Return
Address, E. Layer DJ. 01. 1923.
Remarks,

RETURN OF A BIRTHALM848 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Wm J C. Dulany Co., City Printers and Stationers.

Vo.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth. 19 af June
4.	Place of Birth, (Street and Number) 20 32 & Goregh 1
5.	Full Name of Mother, Annie & Walden
6.	Mother's Maiden Name, Deging
7.	Mother's Birthplace,
S.	Full Name of Father, James Walder
9.	Father's Occupation, Engine
().	Father's Birthplace, Delastar
	Name of Medical Attendant, or other person who makes this Return,
	Address, 2024 & 10-11
	Remarks.

No of Child of Mother, (state whether 1st. 2t. 3d. &c.) 1. Sex, (state whether male or female, 2. Race or Color, (if not of the white race) 3. Date of Birth, 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace. 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address. Remarks,

RETURN OF A BIRTH. A L01349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dune 184" 1893. 4. Place of Birth. (Street and Number) Wo her that I box eg Salla hatywar Colathing Store Key bear

Wm | C Dulany Co , City Printers and Stationers.

RETURN OF A BIRTH. A. 1.01350 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

0.	of Child of Mother, (state whether 1st. 2d. 3d, &c.)
	Sex, (state whether male or female)
	Race or Color, (if not of the white race) Wik
	Date of Birth, June 1893,
	Place of Birth, (Street and Number) 100 Market Space
	Full Name of Mother, Chacket Manage
	Mother's Maiden Name, Rachyl Behtothein
	Mother's Birthplace. Oursin
	Full Name of Father, almasher Pallennal
	Father's Occupation, Jailor
	Father's Birthplace,
	Name of Medical Attendant, or other person who will the total And the start of the
	Address, 19. W. Minks) Street
	Remarks,

Wm J C Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. ALDIS51 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) female
2.	Race or Color, (if not of the white race) White
3.	Date of Birth, 16th fine
4.	Place of Birth, (Street and Number) Mo 1202 Jucalding St
5.	Full Name of Mother, Lina Shat
	Mother's Maiden Name, Line Cohe.
7.	Mother's Birthplace, Lacling
8.	Full Name of Father, 12 Benjanan Kat
9.	Father's Occupation Suche
10.	Father's Birthplace, / Dellingen
	Name of Medical Attendant, or other person who Marie Elias
	Address, 910 1241 me Eldery st
	Remarks,

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To	the	Office	0f	Registrar	0f	Vital	Statistics,	Board	of	Health,	Baltimore	City
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No	. of Child of Mother, (state whether 1:	st, 2d, 3d, de.) 2 ord
1.	Sex, (state whether male or female)_	France
2.	Race or Color, (if not of the white re	ace) cared
3.	Date of Birth,	Quin. 14
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		may 1
6,	Mother's Maiden Name,	many and the
7.	Mother's Birthplace,	C CAMPI
8.	Full Name of Father,	The second secon
9.	Father's Occupation	and her ser
10.	Father's Birthplace,	Windshald.
		son who Return.
		401 Frank Stat
	Remarks, de	
		Lo

Sm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. Lin353 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, June 4. Place of Birth. (Street and Number) 107 1 Alle mine 5. Full Name of Mother, 6. Mother's Maiden Name, Eva: Level 7. Mother's Birthplace, Salar Leve 9. Father's Occupation, Pieter frames 10. Father's Birthplace, R Name of Medical Attendant, or other person who Medical Attendant, makes this Return. Remarks, East & pratty & Dr Statement in Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 101354 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vo.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	,
2.	Race or Color, (if not of the white race)
3.	Date of Birth. 18 1898
4.	Place of Birth, (Street and Number) 10 1821
ĩ.	Full Name of Mother, Blanch Eckhands
5.	Mother's Maiden Name, Blanch Abolls
7.	Mother's Birthplace, Batternere
}.	Full Name of Father. And Colcharott
	Father's Occupation, Machine at
	Father's Birthplace, Balling
	Name of Medical Attendant, or other person who makes this Return,
	Address, Alikag, Hangi
	Remarks,

WM J. O BULANY CO CITY PRINTERS AND STATIONES

RETURN OF A BIRTH. LOISS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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harent the for of mid of mid ne the icr am		Date of Birth. June Second
of its ner in nssion tioner become benam		Place of Birth, (Street and Number) 232 forest street
Partion Comm Practi t shall in the	5.	Full Name of Mother, Mary Cysie Gover
the profit	6.	Mother's Maiden Name, Many Ligit Sornel
physic physic physic r there ner of ereafte h offen	7.	Mother's Birthplace,
to the control and	8,	Full Name of Father. 296, vry Junes
month month ndanc jume e Com who s	9.	Father's Occupation, Galde
delive every he atte mother h to th ersons	10.	Father's Birthplace, Baltirocke
th nud hunt t in the its birt i or p		Name of Medical Atlendant, or other person who attend Mrs 460 liel Gools
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d sche rd day Al occ entlant Id to r such ed to t		Remarks,
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WAN J C BULANY CO CITY PRINTERS AND STATIONE

RETURN OF A BIRTH. LOI356 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, de.) 3 1. Sex, (state whether mate or female) Male 2. Ruce or Color, (if not of the white ruce) Il hite 3. Date of Birth, 12 June 14. Place of Birth, (Street and Number) 1608 The speare Le. 5. Full Name of Mother Monika Berdich 6. Mother's Maiden Name, " Sherkens Boland 7. Mother's Birthplace,.... 8. Full Name of Father, Mike Berdich 9. Father's Occupation..... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Many Knotyka Address, 602 Bond Le Remarks. . .. ; C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A LOISST

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
***************************************	Sex, (state whether mate or female)
	Race or Color, (if not of the white race)
95	Date of Birth, Guf June 1898
St	Place of Birth. (Street and Number) 616 h Bus He
, a.c.	Full Name of Mother. Thronis Mulfinge
	Mother's Maiden Name, eftencie of late
	Mother's Birthplace, Germany Full Name of Father, John Mulfinger
acs	Full Name of Father. John Mullinger
	Father's Occupation, Cornentes
b L.	Father's Birthplace, Balfines h.
Hill Mis	Name of Medical Attendant, or other person who Des Sca Hil
timore	Address, 20%. h. Castle It. Baltin
1, ,,,,,,	Remarks,

WILL J C DULANY CO CITY PRINTERS AND STATIONES

RETURN OF A BIRTH LO 358 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Wm J C. Dulany Co., City Printers and Stationers.

Sex, (state whether male or female) (Lake
Race or Color, (if not of the white race)
Date of Birth, June 9
Place of Birth, (Street and Number) 4,06
Full Name of Mother, Calie Werry
Mother's Maiden Name, Rakin Hom
Mother's Birthplace. 3 all lit
Full Name of Father, Charles & Menn
Father's Occupation, ile Doine
Father's Birthplace, Balt Cos
Name of Medical Attendant, or other person who makes this Return,
Address, 20 24 & Road X
Remarks, Daning Well

RETURN OF A BIRTH A: 01859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Chitd of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) /it.
3.	Date of Birth, Aust & 1993
4.	Place of Birth, (Street and Number) 12 "6 Thomas 14
5.	Full Name of Mother, Lyin Escan
6,	Mother's Maiden Name, Lague to have t
7.	Mother's Birthplace,
8.	Full Name of Father, Alan Brown
9.	Father's Occupation
0.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address,
	Remarks,

W.u. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. ALMISGO

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c	(2.)
1.	Sex, (state whether male or female)	male
2.	Race or Color, (if not of the white race)	loollard
3.	Date of Birth,	2 of prine
4.	Place of Birth, (Street and Number)	23 2 south dollar
	Full Name of Mother,	
6.	Mother's Maiden Name,	and ish
	Mother's Birthplace,	7
8.	Futt Name of Father,	ni on I ti
9.	Father's Occupation	Calor
0,	Father's Birthplace,	3, 171, 14021 111 6
	Name of Medical Attendant, or other person who makes this Return,	
	Address,	
	Remarks,	2.,100

Wn. .; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 361 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 the chiefel 1. Sex, (state whether male or female) Male 2. Race or Color, (if not of the white race) Colored 3. Date of Birth fune 25 6. 1893 4. Place of Birth, (Street and Number) 415 Lewis St. 5. Full Name of Mother, Jinie Cosicko 6. Mother's Maiden Name, Bouried 7. Mother's Birthplace, Balle. Mid. 8. Full Name of Father, Jeorge Cosnicke 9. Father's Occupation, Steve Jose 10. Father's Birthplace, West Indies San d'Olings Name of Medical Attendant, or other Person who Frances (Sauce h. X. Address, 439 fr. Wentral avenu. Remarks.

RETURN OF A BIRTH. L01362 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) June 20, 1893. 3. Date of Birth, 4. Place of Birth, (Street and Number), 2225 Entaw Place. Clara Hauck. 5. Full Name of Mother, Clara Biehl 6. Mother's Maiden Name. 7. Mother's Birthplace, George F. In. Hauck. 8. Full Name of Father. De hler in # Lumber 9. Father's Occupation, 10. Father's Birthplace, Germany Name of Medical Attendant, or other person who Howard a. Kelly 905 n. Charles SH Address, Remarks. WM. J. C DULANY & CO , CITY PRINTERS AND STATIONE

RETURN OF A BIRTH. L01363 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d. 3d, &c.) 1. Sex, state whether male or female, male 2. Race or Color, (if not of the white race) 3. Date of Birth. 4. Place of Birth. (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name. 7. Mother's Birthplace. 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address. Remarks, Wm J C. Dulany Co., City Printers and Stationers,

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH ALM 365

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

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1. Sex, (state whether male or female)	mali
2. Race or Color, (if not of the white race)	inh Ci
3. Date of Birth,	Jame 9th 1823
4. Place of Birth, (Street and Number)	0.6/0
5. Full Name of Mother,	I de le sons
6. Mother's Maiden Name,	Reith
7. Mother's Birthplace,	Ballo
8. Full Name of Father,	J. 7 Corons
9. Father's Occupation,	Chor moke
). Father's Birthplace,	(Salto
Name of Medical Attendant, or other person who makes this Return,	In. 03. Billion da
Address,	126. E. Pour
Remarks,	

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01366

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nts, the synt of Health Iwiters te duty of with her fin	2.	Race or Color. (if not of the white race)
mic the first of t	3.	Date of Birth. Lune 13th 1893
iner in t issioner ioner of il becon e mann ply with	1	Place of Birth. (Street and Number) 4225 V Control Con
schribo actiti sha in th com	ā.	Full Name of Mother, Louisa Boase
the practical that the Country of th		Mother's Maiden Name. Thornform
hice of the trop offer offer	7.	Mother's Birthplace. England
of the off of a phy- diately rissione rall her or each		Full Name of Father, Wingh, Bouse
munic minic	9.	Father's Occupation. Engineer
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s birth or Per		Name of Medical Altendant, or other person who Makes this Return. Address, 1206 Proch
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d day of Il occur indance id to repo such per		Remarks,
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RETURN OF A BIRTH LO1367

1.	Sex, (state whether male or female)	Senali
	Race or Color, (if not of the white race)	while
3.	Date of Birth,	June 19 Ch 18
4.	Date of Birth, Place of Birth, (Street and Number) Full Name of Mother,	1019 N Wach ingen
ā.	Full Name of Mother,	Mollie Baldovin
6.	Mother's Maiden Name,	Hopkins
7.	Mother's Birthplace.	Bali
S.	Full Name of Father,	Birj Beldwin
9.	Father's Occupation.	laborer
10.	Father's Birthplace,	3alt.
	Name of Medical Attendant, or other person who makes this Return,	Dr. B. Bellen
	Address,	M. B. Bellen 1206 E. Possio
	Remarks,	

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take of he divider he divider he divider the divider he	2. Race or Color, (if not of the white race) to olver
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in shall shall shall shall shall shall shall shall in the comply in the comply be recomply	5. Full Name of Mother, Charity Janiece
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renter the property of the physical property of the factor	8. Full Name of Father, Ringing James
super super training and traini	9. Father's Occupation Lock oring
Me on the control of	10. Father's Birthplace, Lergin on
And bester to the best of the	Name of Medical Attendant, or other person who Holore It
content of the state of the sta	Remarks,

RETURN OF A BIRTH, Loi369

1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race).
3.	Date of Birth, 10" fine
4.	Place of Birth, (Street and Number) 207 Ryan at
5.	Full Name of Mother, Mary Miller
	Mother's Maiden Name, Many Sonkley
7.	Mother's Birthplace, Jalpines
8.	Full Name of Father, Mane of Hatter
9.	Father's Occupation Interes
0.	Father's Birthplace, Salting
	Name of Medical Attendant, or other person who Mrs Debach
	Address, No 735 W. Fratt St
	Remarks,

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		No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)	
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		3. Date of Birth.	
		4. Place of Birth. (Street and Number)	
		5. Full Name of Mother,	
	- washing the	6. Mother's Maiden Name,	
	A CONTRACTOR OF THE PARTY OF TH	7. Mother's Birthplace,	
	The state of the s	8. Full Name of Father,	A
	The state of the s	9. Futher's Occupation,	
	and the second s	10. Father's Birthplace.	ž
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	promote to the second	Remarks,	
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RETURN OF A BIRTH. 101371 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.	
f Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.	
Sex, (state whether mate or female)	
Race or Color, (if not of the white race) White	
Date of Birth. Jane 23. 1893	
Place of Birth, (Street and Number) 1997 For Sweek ase Oxt.	
Full Name of Mother, Quely & Clark.	
Mother's Maiden Name, Egitly & Lucky	
Mother's Birthplace, Galltmone Wel.	
Full Name of Father, Linge J. Blank	
Father's Occupation, Telegraph Operator.	
Father's Birthplace, Dochmore Ma	
Name of Medical Attendant, or other person when the Mullime Mich.	
Address, Address, Joseph Joseph	200

Remarks, ..

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mined the of its in the of its	4. Place of Birth, (Street and Number) 5 2 5 4 and and
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occupant occ	6. Mother's Maiden Name, Anne Carnest.
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RETURN OF A BIRTH. L01375

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1. Ser, (state whether male or female)
2. Race or Color, (if not of the while race) White nace
3. Date of Birth, Born on the 11 of June 18 93
4. Place of Birth, (Street and Number) 20 3 Parkin Afreet
5. Full Name of Mother, Thes Jessie Williamson
6. Mother's Maiden Name, Jessie Wein Age 24 years
7. Mother's Birthplace, London England
. Full Name of Father, how Yohn Willamson Age 59 years
3. Father's Occupation Grocery Bussings
o. Father's Birthplace, London England
Name of Medical Attendant, or other person who Mrs Seebach
11 735 V Por 11 14
Remarks,

The part of the pa	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
A CONTRACTOR AND A CO.	of Child of Mother, (state whether the, 20, on the
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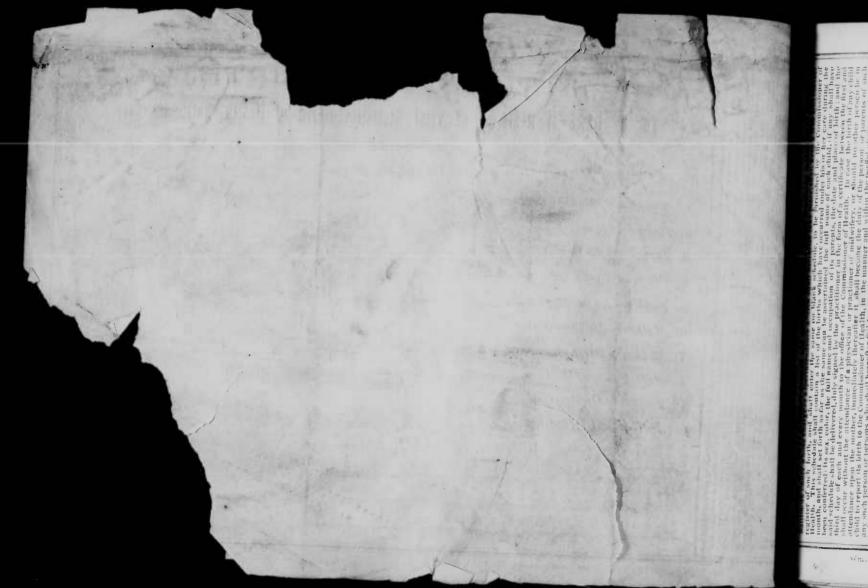
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3. Date of Birth,

4. Place of Birth, (Street and Number)

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4. Place of Birth, (Street and Number) Baltamore 1700 oliver	3.4
5. Full Name of Mother, Mary Jane Wagner	
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1.	Sex, (state whether male or female) Female
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5.	Full Name of Mother, Leeah Jackson
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Maryland
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9.	Father's Occupation,
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1.	Sex, (state whether male or female) female
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5.	Full Name of Mother, Kachel Day
6.	Mother's Maiden Name,
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RETURN OF A BIRTH. 191433 To the Office of Registrar of Vital Statistics Board of Health, Baltimore City. No. of Chitd of Mather. Active whether 1st, 2d, 3d, &v.) Ser. (state whether mate or female). Raee or Cohor. (If not of the white race). Date of Birth. Place of Birth. (Street and Number). 28 1		
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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH ALO1407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex, (state whether mate or female).
	2. Race or Color, (if not of the white race)
-	3. Date of Birth, 8 3
	4. Place of Birth, (Street and Number) 83 5 2 6 5
	5. Full Name of Mother, Tachel Flances
	6. Mother's Maiden Name, Line 140 9
	7. Mother's Birthplace, fundament
	8. Full Name of Father, This This was a state of the same of the s
	9. Father's Occupation
	10. Father's Birthplace,
	Name of Medical Allendant, or other person who makes this Return,
	Address, Allen 2:46
	Remarks,

Will. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 101408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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	2. Race or Color, (if not of the white race)	
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4	. Place of Birth. (Street and Number)	
5.	. Full Name of Mother. Eller Land State of Contract of the Con	****
6.	. Mother's Maiden Name, Ella - amberger	
7.	Mother's Birthplace,	
8.	Full Name of Father, Jan Jan 200	
	Father's Occupation (Lings	••••
	Father's Birthplace.	
	Name of Medical Attendant, or other person who makes this Return,	

	Remarks,	
	Address, Hillery	

Win. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH L01409 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No.	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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2.	Race or Color, (if not of the while race)
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	Name of Medical Allendant, or other person who makes this Return.
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WAR J. C. DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 101410

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st. 2d, 3d, &c.)...

- 1. Sex, (state whether male or female)...
- 2. Race or Color, (if not of the white race)...
- 3. Date of Birth,
- 4. Place of Birth, (Street and Number)
- 5. Full Name of Mother,
- 6. Mother's Maiden Name, ...
- 7. Mother's Birthplace, ...
- 8. Full Name of Father, ...
- 9. Father's Occupation.
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 101414

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

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Wm J C. Dulany Co., City Printers and Stationers.

Name of Medical Attendant, or other person who makes this Return,

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RETURN OF A BIRTH. 101412

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race)... 3. Date of Birth, 4. Place of Birth, (Street and Number)... 5. Full Name of Mother, ... 6. Mother's Maiden Name, 7. Mother's Birthplace.... 8. Full Name of Father, ... 9. Father's Occupation. ... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01413 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, No of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race)... 3. Date of Birth. 4. Place of Birth, (Street and Number) .. 5. Full Name of Mother, ... 6. Mother's Maiden Name, 7. Mother's Birthplace. 8. Full Name of Father, 9. Father's Occupation. 10. Father's Birthplace, ... Name of Medical Attendant, or other person who makes this Return,

Win J. C. Dulany Co., City Printers and Stationers.

Address, Remarks, . Lie diviso.

RETURN OF A BIRTH. A LO1414

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether male or female)...
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth,
- 4. Place of Birth, (Street and Number)
- 5. Full Name of Mother,
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace, ...
- 8. Full Name of Father, ...
- 9. Father's Occupation,
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTHA LO1415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

- 1. Sex, (state whether male or female)...
- 2. Race or Color, (if not of the white race)...
- 3. Date of Birth,
- 4. Place of Birth, (Street and Number).
- 5. Full Name of Mother, ...
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace, ...
- 8. Full Name of Father,...
- 9. Father's Occupation, ...
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01416 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1. Sex, (state whether male or female). 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, . 10. Father's Birthplace, Name of Medicat Attendant, or other person who makes this Return. Address, Remarks, Wm J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. L01417 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race)... 3. Date of Birth., 4. Place of Birth, (Street and Number). 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, ... 8. Full Name of Father, ... 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks,

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9.	Father's Occupation,	
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-	Name of Medical Attendant, or other person who makes this Return.	
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RETURN OF A BIRTH L01419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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-	Date of Birth, July 30th 193
4	. Place of Birth, (Street and Number) 1 72 7 Jours & Color
pe rec	. Full Name of Mother, Thilly Tane Porter
6	. Mother's Maiden Name, Wills Jane Coli
7	Mother's Birthplace, 13 alling of 2018
8	Full Name of Father, Thos. Samble
9.	Father's Occupation. Sailor
10.	Father's Birthplace, Unknown
	Name of Medical Attendant, or other person who Margaret 4 204
	Address, 727 Richello Caraly
	Remarks,

WM J O. DULANY & OO , CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) I emals. 2. Race or Color. (if not of the white race) While 3 Date of Birth, august 27th 1893. 4. Place of Birth, (Street and Number) 1226. H. Collington are-5. Full Name of Mother, Kashazine Revard. 6. Mother's Maiden Name, K. Kochler. 7. Mother's Birthplace. Ballerin or & many land 8. Full Name of Father, James la Servard. 9. Father's Occupation, to sofur ' 10. Father's Birthplace, Ballin ore Hayly Name of Medical Attendant, or other person who makes this Return, Address, 2102. Claleans all Remarks, Haterral delivery

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Wm J C Dulany Co , City Printers and Stationers

RETURN OF A BIRTH. L01421 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Ro of Child of Mother, (state whether 1st. 2d. 3d. &c) Dream 1. Sex, (state whether male or female) France. 2. Race or Color, (if not of the white race) While 3. Date of Birth, august 131 1893. 4. Place of Birth. (Street and Number) 2103. Celsans at. 5. Full Name of Mother, Maggie an Money, 6. Mother's Maiden Name, AM. Parkol 5. Mother's Birthplace Baltinary County Many Cand-8. Full Name of Father, Samuel P. Canthony, 9. Father's Occupation, Lon Jectioner 10. Father's Birthplace, Baltimors Mol-Name of Medical Attendant, or other person who makes this Return. St. John Davro Address, 2102. Olleans 2 Remarks, Wateral- delivery,

Wm J. C. Dulany Co., City Printers and Stationers.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) thite
3. Date of Birth. 15 august 180
4. Place of Birth, (Street and Number) Chapel 915
5. Full Name of Mother, Agnese Llechton
6. Mother's Maiden Name, Aynese Vanik
7. Mother's Birthplace, Bohimen Everya
8. Full Name of Father, Thank House
9. Father's Occupation hailor
0. Father's Birthplace, Bohimen Engoha
Name of Medical Attendant, or other person who Alloisia Sio los
Address, 1910 Durhamist
Remarks,

RETURN OF A BIRTH. L01425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether mate or female)
2. Race or Color, (if not of the white road)
3. Date of Birth, 27 / Ang. 1813
4. Place of Birth, (Street and Number) 620 Petamoc Short
5. Full Name of Mother, In Some Black
6. Mother's Maiden Name, High House
7. Mother's Birthplace,
8. Futt Name of Father, Alex Plates
9. Father's Occupation Brick of and
10. Father's Birthplace, Wet Fuction
Name of Medical Attendant, or other person who A Jan
Address, 626 Solinian Street
Remarks,

Sim, J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex, (state whether mate or female) Fem	ale
2. Race or Color, (if not of the white race)	
3. Date of Birth, 3/4 Au	9
4. Place of Birth, (Street and Number)	14901 Lusern st
5. Full Name of Mother, Catherine	Roberton
6. Mother's Maiden Name, 1.	Bosnell
7. Mother's Birthplace, Balto	- 20
8. Full Name of Father, Elias	Robinson
9. Father's Occupation Dtree	t Grader
10. Father's Birthplace,	Palto
Name of Medical Allendant, or other person who Mrs	Julia Girone
Address,	944N Bay st
Remarks,	

With , C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01427

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Service to the state whether male or female; Herrially and the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an an analysis of the state of Birth, I are an analysis of the state of the stat

RETURN OF A BIRTH. 101428 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 4. Place of Birth. (Street and Number) \$ 254 (let Lack round 5. Full Name of Mother, A) a die. Mr. Cafoter 6. Mother's Maiden Name, Ale Danse 7. Mother's Birthplace. Du Elimare, Commel 8. Full Name of Father, La Seph in Calder 9. Father's Occupation. Rainter 10. Father's Birthplace, OLa Ctimore City Name of Medical Attendant, or other person who and the Drewn line were the Return, Maverly Station -Address, Remarks, Wm J C. Dufany Co., City Printers and Stationers.

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V forte	To of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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	2. Race or Color, (if not of the white race)
-5555	Date of Birth. Cliquet 271413
overed	. Place of Birth, (Street and Numbers
E4 E 0	Full Name of Mother, Caggie Puchs
Perting 6 6 to 10	Mother's Maiden Name, Maggie Wissel
offen 2	Mother's Birthplace, Oleman
S sand he	Full Name of Father, John Puchs
Symme Symme Tars for Tars for	Father's Occupation, Laborer
in dollar	Father's Birthplace, Glemans
hrid or per	Name of Medical Attendant, or other person who there was this Return the startes to a flag ex
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o the	Remarks,

RETURN	OF	A	BIRTHA
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L01430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether mate or female)
2. Race or Cotor, (if not of the white race)
3. Date of Birth, 4119, 35% 1898
4. Place of Birth, (Street and Number) 1030 Bark hoad
5. Full Name of Mother, Cardie Al Macket
6. Mother's Maiden Name, Dirdie - N- heers
7. Mother's Birthplace, 12allo. Co. Doll.
8. Full Name of Father, Surveyed, "ef, Marker
9. Father's Occupation Trace
10. Father's Birthplace, Harfard Co and.
Name of Medical Attendant, or other person who makes this Return,
Address. Mourely Station.
Remarks,

Wm. ; C. Dulany Co., City Printers and Stationers,

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as other fi	2. Race or Color. (if not of the white race) 3. Date of Birth,
recovered	4. Place of Birth. (Street and Number) 205 // 5. Full Name of Mother,
Tence, to be	6. Mother's Maiden Name,
for each of	7. Mother's Birthplace, 12a Plinne City 8. Full Name of Father, Legard it. Essenger
1	9. Father's Occupation. Dhal omaker (). Father's Birthplace. On the
	Name of Medical Attendant, or other person who makes this Return, Address, Thater by Statione
	Remarks,

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between the control of the late of the lat	of Housen, Buttimore Oity.
had	No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
de character and	1. Sex, (state whether male or female)
to the part of the	2. Race or Color, (if not of the white race)
pare for the formal form	3. Date of Birth, 4419, 4-1839
the	4. Place of Birth, (Street and Number) & //// Mein hester
	5. Full Name of Mother, Elizabeth B. Meehan
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RETURN OF A BIRTH.A. L01434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)lemale	
2. Race or Color, (if not of the white race) white	
3. Date of Birth, Italy Aug 1998	010000
4. Place of Birth. (Street and Number) 2124 The leave Sheet	********
5. Full Name of Mother, Marie Elisabeth Eilennen	
6. Mother's Maiden Name, Marie E. Muth	
7. Mother's Birthplace, Butto	
8. Full Name of Father, June & Sileman	
). Father's Occupation Murino	** ** ** **
). Father's Birthplace, Gumune	
Name of Medical Attendant, or other person who makes this Return.	***
Address. 212 Milather on Park And	
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RETURN OF A BIRTH.

L01435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether mate or female) Male 2. Race or Color. if not of the white race - White

3. Date of Birth. august the

4. Place of Birth. (Street and Number) 274 Highry or anex

5. Full Name of Mother. Mary O Novemaker

6. Mother's Maiden Name. 7. Mother's Birthplace,.....

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8. Full Name of Father,

9. Father's Occupation.....

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10. Father's Birthplace.

Name of Medical Attendant, or other person who Mrs Mary a Marky Address 2804 Cecler aminu City

Remarks.

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4	. Place of Birth, (Street and Number) 223 Bosch
õ	. Full Name of Mother, Leese Logy, heerste
6	. Mollier's Maiden Name, - Cotion
7.	. Mother's Birthplace,
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	Father's Birthplace,
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RETURN OF A BIRTH. L01437

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 August
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Queras
4. Place of Birth. (Street and Number) 1004 Store St
5. Full Name of Mother, Minnie Frohlech
6. Mother's Maiden Name, Minnie Blessfood
7. Mother's Birthplace, Wittenley Schudgeare
8. Full Name of Father, Mr. Sto h lech
9. Father's Decupation Solling Place
10. Father's Birthplace. Stessky Wallow
Name of Medical Attendant, or other person who Miss Hotel
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RETURN OF A BIRTH. _L01439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August the 8. 18.19
4. Place of Birth, (Street and Number) Coult Street and Number)
5. Full Name of Mother, Mount of Mother
6. Mother's Maiden Name, Mound Mound
7. Mother's Birthplace, sireland.
8. Full Name of Father, Sohn Lelen
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10. Father's Birthplace, Labur
Name of Medical Attendant, or other person who makes this Return, Sellen
Address, fo 19-22 Million A.
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH L01440
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex. (state whether male or female)
2. Race or Color, (if not of the white race).
3. Date of Birth.
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Charles Charles Some
6. Mother's Maiden Name,
7. Mother's Birthplace, General
8. Full Name of Father, The grant Jan Down teh
9. Father's Occupation.
10. Father's Birthplace,
Name of Medical Attendant, or other person who As est of Lier Single International

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5	. Race or Color (if not of the artis
	. Date of Birth,
4	. Place of Birth, (Street and Number) 716 Stocker 25
ō	Full Name of Mother, Annie
6	Mother's Maiden Name, & Sizurille
7	Mother's Birthplace
8.	Full Name of Father,
9.	Father's Occupation historia
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
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RETURN OF A BIRTH AL01445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1. Sex. (state whether male or female) d'emale 2. Race or Color, (if not of the white race) W hile 3. Date of Birth. 4. Place of Birth, (Street and Number) ! 5 13 Jane St 5. Full Name of Mother. 6. Mother's Maiden Name, 7. Mother's Birthplace, Baltimore 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Ballinove Name of Medical Attendant, or other person who Donly 1635 Walsh Address.

WM J C DULANY & CO . CITY PRINTERS AND STATIONERS

Remarks,

RETURN OF A BIRTH L01446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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5. Fu	U Name of Mother, Come. Sollar.
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7. Mo.	ther's Birthplace, Clarifell Transfer Contil
8. Pu	U Name of Father, Manuel Coule
9. Fa	ther's Occupation
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Race or Color, (if not of the white race)-6. Mother's Maiden Name, ... 7. Mother's Birthplace, 8. Full Name of Father,... 9. Father's Occupation ... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address Remarks,

RETURN OF A BIRTH.

L01448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female). 3. Date of Birth, 31. Care 11. Bulfacte city. 1, 9. of may county 1110 11111. ann. 53/ 200 met aley Ballino

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	RETURN OF A BIRTH. AL01450
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race) White 3. Date of Birth, 30 August 1893
	4. Place of Birth, (Street and Number) 4/0 Chaful St. 5. Full Name of Mother, And Bredsel
	6. Mother's Maiden Name, Maki Tedingon 7. Mother's Birthplace, Battingon
	8. Full Name of Father, Jan Budsel 9. Father's Occupation, Lawbern
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ned by office thy the ner of erealth	7. Mother's Birthplace, Hredric City M.
eduite	8. Full Name of Father, John Wilson
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race)... 3. Date of Birth, 5. Full Name of Mother, 6. Mother's Maiden Name. 7. Mother's Birthplace.

RETURN OF A BIRTH. L01452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Limali due ur 29 1993 4. Place of Birth, (Street and Number) IS Calington de Balloma, Med 9. Father's Occupation, Campon

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RETURN OF A BIRTH L01453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex. (state whether male or female)
2. 1	Race or Color. (if not of the white race)
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4. 1	Place of Birth, (Street and Number) 6/4 Ch Bethy
5. I	'ull Name of Mother, Mother,
6. A	Tolher's Maiden Name, (1)
7. A	Tolher's Birthplace,
	'ull Name of Father, Canada Standard
9. F	alher's Occupation
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N	ame of Medical Atlendant, or other person who makes this Return. Das of
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Wm. J. C. Dulany Co., City Printers and Stationers.

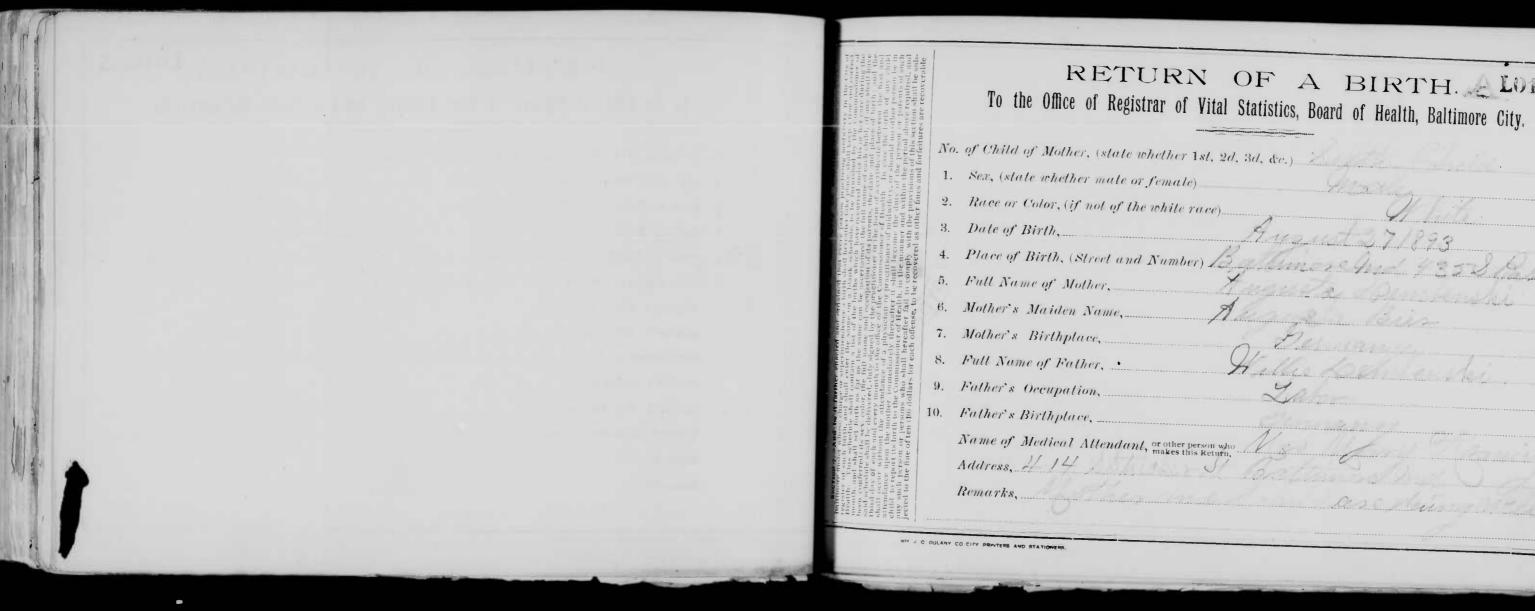
RETURN OF A BIRTH. L01454 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1. Sex, (state whether male or female) Terusle 2. Race or Color, (if not of the white race) Attrite 3. Date of Birth, 28 Abuqusti 1893 4. Place of Birth, (Street and Number) 29/8 Essel St 5. Full Name of Mother, Josepin Mulkenn 6. Mother's Maiden Name, Josepin Bollen 7. Mother's Birthplace, Ballimon M. J. 8. Full Name of Father, Yan Mulkenn 9. Father's Occupation, 10. Father's Birthplace, Battimon Il. S. Name of Medical Attendant, or other person who allen Smith Address, 1913 Easten av Remarks.

RETURN OF A BIRTHA L01455

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

1.	Sex, (state whether male or female)
2.	Race or Color. (if not of the white race)
3.	Date of Birth, duguest 27 th 18 9
4.	Place of Birth. (Street and Number) Wa 1016
ñ.	Full Name of Mother, Golfy Kinsley
6.	Mother's Maiden Name, I Clay Schurlock
7.	Mother's Birthplace,
8.	Full Name of Father, William Kinsley
9.	Father's Occupation. Laborer
10.	Father's Birthplace, Bulliman
	Name of Medical Allendant, or other person who allering floring
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, ,		Name of Medical Attendant, or other person who makes this Return, Address, Remarks, Remarks,
10		Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1.	Sex. (state whether male or female)
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To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

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RETURN OF A BIRTH. L01463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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RETURN OF A BIRTH. L01464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether mate or female) Make
2.	Race or Color, (if not of the white race) White
3.	Dale of Birth, 4.9.11. 1893
4.	Place of Birth, (Street and Number) Ballingone & Payette It & 12
5.	Full Name of Mother, Thrs Horisia Hagner
6.	Mother's Maiden Name, This Florence Groves
7.	Mother's Birthplace, Ballin one
8.	Full Name of Father, Mr. Mastin Hagner
9.	Father's Occupation Printer
0.	Father's Birthplace, Ballingel
	Name of Medical Attendant, or other person who Man Jona Krulland
	Address. No 2026 & Faseth 99
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RETURN OF A BIRTH.

L01465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st. 2d, 3d. de

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father 9. Father's Occupation

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	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City
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5.	Full Name of Mother. Late Tander bezry
	Mother's Maiden Name, Cuningham
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	Full Name of Father, John Indexberry
9.	Father's Occupation Laborer
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	Address 1427 & Fall St
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RETURN OF A BIRTH A L01467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1. Sex, (state whether male or female) Lerrale
2. Race or Color, (if not of the white race) white
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4. Place of Birth. (Street and Number) 263 1. Exeter Sty
5. Full Name of Mother, Jenny Olima de
6. Molher's Maiden Name,
7. Mother's Birthplace, Euroge
8. Full Name of Father, Saare Thimash
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RETURN OF A BIRTH. L01468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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RETURN OF A BIRTHA To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex. (state whether mate or female) 2. Race or Color, (if not of the white race)... 3. Date of Birth, 4. Place of Birth, (Street and Number) 15. N. Contle 5. Full Name of Mother, Jene Milley
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 101479 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mate or female) 2. Race or Color, (if not of the while race)..... 3. Dale of Birth. 1893 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 21 20 CE 6. Mother's Maiden Name, 7. Molher's Birthplace,... 8. Full Name of Father. 2/0/14 I har muche 9. Father's Occupation, ... 10. Father's Birthplace, Name of Medical Allendant, or other person who Address ... Remarks, ..

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RETURN OF A BIRTH. L01480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex. (state whether mate or femate)
2. Race or Cotor, (if not of the white race)
3. Date of Birth. 13 1511
4. Place of Birth, (Street and Number)
5. Full Name of Mother, he had been to have the had been the had been to have the had been the had been to have the had been the had been the had been to have the had been the had
5. Mother's Maiden Name,
. Mother's Birthplace,
3. Full Name of Father
). Father's Occupation for the Birtheless
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Name of Medical Attendant, or other person who makes this Return.
Address, Le de le
Remarks, 117 Suff
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RETURN OF A BIRTH, LO1481 To the Office of Registrar of Vital Statistics, Board of Health, Baftimore City. No. of Chitd of Mother. (state whether 1st. 2d. 3d. &c.) 1. Sex, (state whether mate or female). 2. Race or Cotor, (if not of the white race)...... 3. Dale of Birth, 4. Place of Birth, (Street and Number) _____ 5 /5 -5. Full Name of Mother, Decomplete Etter 6. Mother's Maiden Name, Land 16 F 8. Full Name of Father, ______ 9. Father's Occupation, ______ 10. Father's Birthplace, _____ Name of Medical Attendant, or other person who makes this Return, 2814 Fallward J. F. Address Remarks. WM J C DULANY CO CITY PRINTERS AND STATIONERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Date of Birth, 6. Mother's Maiden Name, Mary 9. Father's Occupation, laborer 10. Father's Birthplace, Migginia Name of Medical Attendant, or other person who makes this Return, Address.

RETURN OF A BIRTH L01482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) (Wale 2. Race or Color, (if not of the white race) light August 9 1893 4. Place of Birth, (Street and Number) 10/2 month swalls at Balto 5. Full Name of Mother, Mary I Isavers 7. Mother's Birthplace, Saint mary & county 8. Full Name of Father, Thomas Sefferson colemna Remarks, Anna forest 719 de durham St

WM. J C. DULANY & CO., CITY PRINTERS AND STATIONERS

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ner an n the l as of	3. Date of Birth, \$ 1893
y with	4. Place of Birth, (Street and Number) Ball No Castle It No 60
pe rec	5. Full Name of Mother, Mrs Ida & Smith
	3. Mother's Maiden Name, Mens Ida & brish
	Mother's Birthplace, Ballinge
8	Full Name of Father, The Bolet & Smith
:). Father's Occupation Carfet Ter
16). Father's Birthplace, Baltimore
	Name of Medical Attendant, or other person who Man Jasa Kangle
	Address. No 2026 & Fay ille gy
	Remarks,
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RETURN OF A BIRTHA LO1484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
I.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) Owhile-
3.	Date of Birth, Ques 4 th 1893
4.	Place of Birth, (Street and Number) 1220 & Beddle SI-
5.	Full Name of Mother, Gertrude Phason
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Balla
8.	Full Name of Father, Wi. B. Mason
9.	Father's Occupation, Clarks
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address, 1206 6. Parson
	Remarks,

WM. J. C DULANY & DO . CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH LO1485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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month of the control	8.	Full Name of Father,
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WM J. C DULANY & CO , CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.A. L01486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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MIN SERVICE TO THE SE	8. Full Name of Father, Paland Cruelt
Medical Market of Market o	9. Father's Occupation. Bake
	10. Father's Birthplace,
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 1 1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) 3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

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6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, .. Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

Jemale

ang 6 th 1893 1263 E. Proson St

MM. J. C DULANY & OO , CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. L01488

To the Office of Registrar of Vital Statistics, Beard of Health. Baltimore City.

Mani Jenewere Stutel No of Child of Mother, (state whether 1st. 21. 3d, &c.) 1. Sex, (state whether male or female) Tremale 2. Race or Color, (if not of the white race). aug 31 st. 1893 3 Date of Birth, 4. Place of Birth. (Street and Number) mollie B Stribes 5. Full Name of Mother, Mollie B. Philleps Baltonine md 6. Mother's Maiden Name. 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, Ballimone, md 10. Father's Birthplace, S.W. Gor. lealvest - Prestow Str.

Wm J C Dulany Co., City Printers and Stationers,

Address. Remarks.

Name of Medical Altendant, or other person who makes this Return,

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Milero Mi	2. Race or Color. (if not of the white race) . If hile
he for the for oner o f midd	3. Date of Birth. Any 11. 1893 Baltonine for 14 +
ined the state of	4. Place of Birth, (Street and Number) Ballemer ! Mont for of the
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ocean the control of the property of the selfer to self to sel	6. Mother's Maiden Name, Mrs Helm Stronken ben
hysici hysici inere of II	7. Mother's Birthplace, Bulling
of B p fintely listed ission	8. Full Name of Father, the George Theinseif
L dult month mnte mnte onn o sha	9. Father's Occupation & softes
rere ery v ittend ther, i the C	10. Father's Birthplace. Baltinger
amles tibes tibes he mo inth to person ten (f	Name of Medical Attendant, or other person who Mrs. for a Knily 11
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Wm ; C. Dulany Co., City Printers and Stationers

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RETURN OF A BIRTH L01490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex. (state whether mate or female) Famile
2.	Race or Cotor, (if not of the white race) M sich
3.	Date of Birth. Ang 8 th 1893
	Place of Birth, (Street and Number) Ball. Fairmount And
5.	Full Name of Mother, Mers Mary Lang
	Mother's Maiden Name, Mrs Mang Wilson
7.	Mother's Birthplace, Balton ore
	Full Name of Father, Mr. William Sang.
	Father's Occupation Labora
	Father's Birthplace, Ballonose
	Name of Medical Attendant, or other person who Mas Jana Kart Gard
	Address, No 2016 & Fayette 91
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. A L01491

To the Office of Registrar of Vital Statistics, Board of Health, No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Address

Remarks

Person who this Return.

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Win. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH

L01492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Kini 1. Sex. (state whether male or female)..... Medohen 2. Race or Cotor, (if not of the white race) 3. Date of Birth, 4. Ptace of Birth, (Street and Number)..... 5. Fult Name of Mother, Jiny / Sarovcova 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation whait 10. Father's Birthptace, .. Name of Medical Attendant, or other person who makes this Return. Address Remarks. ..

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex. (state whether mate or femate) Pich
2. Race or Cotor, (if not of the white race) Vajo
3. Date of Birth, of Band 1 500 26 Mili
3. Date of Birth, fond 1.502 26 Sili 4. Place of Birth, (Street and Number) Justino Knowk
5. Futt Name of Mother, Justina Polings
6. Mother's Maiden Name,
7. Mother's Birthplace, Storaich
8. Futt Name of Father, Josef Rochit
9. Father's Occupation arlants
10. Father's Birthplace, Steraich
Name of Medical Attendant, or other person who makes this Return.
Address, Marie Poll
Remarks, Sono str. 838

RETURN OF A BIRTH, L01494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kindr
1. Sex, (state whether mate or female). Pin
2. Race or Color, (if not of the white race) Vajo
3. Date of Birth. 3 Foll Quant
4. Place of Birth, (Street and Number) Jollan str
5. Full Name of Mother, Linie And Nice
6. Mother's Maiden Name, Lixie Stroube
7. Mother's Birthplace, Mil. Ballimore
8. Full Name of Father, Johan Nis
9. Father's Occupation orlayer
10. Father's Birthplace, Ballimon
Name of Medical Altendanl, or other person who makes this Return.
Address, Marie Call.
Remarks, Bond of , \$38

own RETURN OF A BIRTH: LD1495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother. (state weller 1st, 2d, 3d, &c.) 4 Kindr

1. Sex, (state whether mate or female)

2. Race or Color, (if not of the while race)..... 3. Date of Birth,.....

4. Place of Birth. (Street and Number) Thoroling of 719

5. Full Name of Mother, Marie Prograit

6. Mother's Maiden Name,.... Marie Sisková

5. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Kather's Occupation

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Mugary 10. Father's Birthplace, ..

Name of Medical Allendanl, or other person who makes this Return,....

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Remarks. ..

Wm. J. C. Dulany Co., City Printers and Stationers,

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RETURN OF A BIRTH. ALDI496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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2. Race or Color, (if not of the while race) as Lite
3. Date of Birth,
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5. Full Name of Mother, Annie O : 20
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Father's Occupation Ooster
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Remarks,

wm. J. C. Dulany Co., City Printers and Stationers.

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	F. This schooling of the stand for the stand for the stand s	9. Father's Occupation Carge for 10. Father's Birthplace, Birthplace, Carge for Name of Medical Attendant, or other person who makes this Return. Address, S38 S Bond St Remarks, Remarks,
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RETURN	OF	\mathbf{A}	BIRTH

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) ale
2. Race or Color, (if not of the while race)
3. Date of Birth,
Birth. (Street and Number)
5. Pull Name of Mother, Character of the
6. Mother's Maiden Name.
7. Mother's Birthplace
Pullet, ace Mal
3. Father's Occupation
10. Father's Birthplace, German
Name of Medical Allendant, or other person who Marie Greff
Address, 538 S. 730(02)
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationer

RETURN OF A BIRTH. ALDI499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTHA LO1500

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	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white many
	3. Date of Birth,
	Street and Number
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	6. Mother's Maiden Name, CM ras CM liss Por alley
	7. Mother's Birthplace, Baltimore Bonder Chil
	8. Full Name of Father, J. W. Buss.
	9. Father's Occupation.
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	Name of Medical Attendant or other person who
	Address, If 1), 3 M Chapel of
	Remarks,
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	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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ne cand Il by t office iysicia there offer fa	6. Mother's Maiden Name, Mary Sall
I man signe to the of a ph lately ssione herea herea	5. Mother's Birthplace, Sunaplais Mil
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Wm J. C. Dulany Co., City Printers and Stationers

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wm. j C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTHA L01503 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.) See 1. Sex, (state whether mate or femate)..... 2. Race or Cotor, (if not of the white race)..... 3. Date of Birth, 4. Place of Birth, (Street and Number)..... 5. Full Name of Mother 6. Mother's Maiden Name, 7. Mother's Birthplace,..... 8. Full Name of Father,... 9. Father's Occupation ... 10. Father's Birthplace, Remarks, ... $w_{\rm m},\, J,\, C,\, {\rm Dulany}\,\, {\rm Co.},\, {\rm City}\,\, {\rm Printers}$ and Stationers.

RETURN OF A BIRTH A L01504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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5. Full Name of Mother.	322 Schmallwood Ste
5. Full Name of Mother,	Marjo Seriba
7. Nother's Birthplace,	Marjo Scriba Marjo Danylas
). Father's Occupation	Julius of PS Cribs
. Father's Birthplace,	Colory
Name of Medical Attendant, or other person who makes this Return,	driederike Houser Mid
Address,	2116 Most Pratt ? SE
Remarks,	1 Louis Ust

Wm / C. Dulany Co., City Printers and Stationers

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ply w overec	3. Date of Birth, 1. Place of Birth, (Street and Number) & 23/Vebstes 2 t
o Com	5. Full Name of Mother Cf 13 th
fail te, to l	5. Full Name of Mother, ElizaBeth Brown 6. Mother's Maiden Name, ElizaBeth Derkins 6. Mother's Birthplace,
9 6	Theme, Elizabeth Serking
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5 10	Name of Medical Attendant or other person who
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then	Name of Medical Attendant, or other person who Address, Address, Remarks,
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RETURN OF A BIRTH. L01596

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
	Race or Color. (if not of the white race)
	Date of Birth. 18. August
4.	Place of Birth, (Street and Number) 816. Magist
	The way of
ß.	Mother's Maiden Name, " Roerting
7.	Mother's Birthplace, Baltime we
3.	Full Name of Father, Louis. Aprolemborge
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	Father's Birthplace, Baltmere
	Name of Medical Attendant, or other person who makes this Return, Rolling Williams
	Address, Lule St. 1331 Voius James
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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Loi508

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d. 3d, &c.)

- 1. Sex. (state whether male or female) Mulc
- 2. Race or Color. (if not of the white race) White
- 3. Date of Birth. Agust 15/93.
- 4. Place of Birth. (Street and Number) Thanes Str. No 1019.
- 5. Full Name of Mother, ... Anna Thublewska!
- 6. Mother's Maiden Name. Son Maciejesti
- 7. Mother's Birthplace. Toland
- Stif Maciejesti. S. Full Name of Father,
- 9. Father's Occupation,
- 10. Father's Birthplace, Douland

Name of Medical Attendant. or other person who Agones Hodolna! Address. Thames Stricte 1035:

Remarks,

C. Dulany Co., City Printers and Stationers

No. o	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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RETURN OF A BIRTH. Lois 1 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / Sex, (state whether mate or femote) Race or Cotor, (if not of the white race) Date of Birth. Question of the Winder of Birth. (Street and Number) 102/2021 - 102/2021 - 102/2021
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RETURN OF A BIRTH LOIS11 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1. Sex. (state whether mate or female) Libral 2. Race or Cotor, (if not of the white race) White 3. Date of Birth, -Battimel duy 4 4. Place of Birth, (Street and Number) Charl St 1908 Ballimore 5. Full Name of Mother, Lygi Talintler 6. Mother's Maiden Name, Ligge hor 7. Mother's Birthplace, Ballingel 8. Full Name of Father, Slove Irentles 9. Father's Occupation Labor 10. Father's Birthplace, Ballumore County Name of Medical Attendant, or other person who makes this Return, Maggilfinshell Address, Bollle and /4 Remarks.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. Lois13

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (stale whether 1st. 2d. 3d, &c.)

- 1. Sex. (state whether male or female) Male
- 2. Race or Color, (if not of the white race) Thite
- 3 Date of Birth. Agust 11/93.
- 4. Place of Birth. (Street and Number) Bethel Str. No. 1621.
- 5. Full Name of Mother, Juliana Mazanna.
- Son Chgc' 6. Mother's Maiden Name, 7. Mother's Birthplace.
- Polandl. S. Full Name of Father,
- Mitiolaj Chić 9. Father's Occupation. Toland
- 10. Falher's Birthplace, Dogland.

Name of Medical Attendant, or other person who Mane of Medical Attendant, or other person who Mane of Medical Attendant, or other person who makes this Return, Thames Av. 15. 1635. Address.

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Wm | C Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. L01515

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) Prale 2. Race or Color, (if not of the while race) The 3 algust 1893. 3. Date of Birth, 4. Place of Birth. (Street and Number) Dale Str. No. 718 Francistia Maciejesta? 5. Full Name of Mother, 6. Mother's Maiden Name, Son Observoyed 7. Mother's Birthplace ... Jan Olsreusti. 8. Full Name of Father, 9. Father's Occupation. 10. Father's Birthplace, Docaland. Name of Medical Attendant, or other person who agence Hodolna. Thanks of ONO 1605. Address. Remarks.

Win J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Idi516

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, state whether male or semule, Male
- 2. Race or Color. (if not of the white race) Thise
- 3. Date of Birth, Algust 3/93.
- 4. Place of Birth. (Street and Number) Aliceane Ho. No 1501.
- Siil Baby. 5. Full Name of Mother,
- 6. Mother's Maiden Name. Kedchen Nowad
- 7. Mother's Birthplace. Dziemen
- Ri Si Nowood. Deiemen Dockland. 8. Full Name of Father,___
- 9. Father's Occupation.
- 10. Father's Birthplace,

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Wm | C Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTHA LOISIT To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 24, 3d, &c) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number) 1404 E. Briston 5. Full Name of Mother, Eller / Transport 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation. 13 lacksmith 10. Father's Birthplace, ... Derchester teo mil. Name of Medical Attendant, or other person who makes this Return. Address. Remarks.

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	Wother's Birthplace. Dassel
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9. 7	Father's Occupation Restlers
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RETURN OF A BIRTH. L01522 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) Mache 2. Race or Color, (if not of the white race) 3. Trate of Birth, July 1 4. Place of Birth, (Street and Number) - 1 19 1100 5. Full Name of Mother, South 6. Mother's Maiden Name, 7. Mother's Birthplace, Jessel 8. Full Name of Father, Shappelle 9. Father's Occupation / fine 10. Father's Birthplace, Kerry Name of Medical Attendant, or other person who waskes this Return, Louis Address, # 4 / flat SI Remarks. Wm. ; C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN	OF	A	BIRTH.
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5. Full Name of Mother, Susther Herring
6. Mother's Maiden Name, Botha Hest
7. Mother's Birthplace. Bullinger
8. Futt Name of Father, John Horney
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RETURN OF A BIRTHA L01526

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3. 1	Date of Birth,
4. <i>I</i>	Place of Birth, (Street and Number) 1311 Anthis ten
	full Name of Mother, Ella Brane
6. 4	Hother's Maiden Name, 4 Golsway
	tother's Birthplace, Aciesale
8. J	full Name of Father, This Brown
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0. F	ather's Birthplace, Pawlina
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	ddress, 71 Bash 1
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RETURN OF A BIRTH. LUIS27

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	Race or Cotor, (if not of the white race)
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	Place of Birth, (Street and Number) 900 Lomber 1
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	Mother's Maiden Name,
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	Name of Medical Attendant, or other person who makes this Return.
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	Remarks. 1117 f. Droll
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RETURN OF A BIRTH Lois 28

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st. 2d, 3d, &c.)

- 1. Sex, (state whether male or female)
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth,
- 4. Place of Birth, (Street and Number)
- 5. Full Name of Mother,
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace,
- 8. Full Name of Father,
- 9. Father's Occupation,
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Name of Medical Landant, or other Person who makes this Return

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Wm J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L01529 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or femate)..... 2. Race or Color, (if not of the while race) ----3. Date of Birth, 4. Place of Birth, (Street and Number).... 5. Full Name of Mother, 6. Mother's Maiden Name, flary Dalway Lake 7. Mother's Birthplace,.... 8. Full Name of Father, ... 9. Father's Occupation ... fuclestes 10. Father's Birthplace, ... Name of Medical Attendant, or other person who makes this Return, Address ... Remarks, .. Wm. J. C. Dulany Co., City Printers and Stationer

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		wm. j. C. Dulany Co., City Printers and Stationers.

BIRTH. L01530

erd of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
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	Mother's Maiden Name,
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	Name of Medical Attendant, or other person who makes this Return,
	Address, Mars Mary A Land
	Remarks, Jul Cumberland St

RETURN OF A BIRTH. 4408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether mate or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, (Street and Number)

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5. Full Name of Mother,

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Name of Medical Attendant, or other person who makes this Return,

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Wm. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d. 3d. &c.)-6 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) ___ hite 3. Date of Birth. 4. Place of Birth, (Street and Number) Music tha Businkerger 5. Full Name of Mother, 6. Mother's Maiden Name 7. Mother's Birthplace,.... 8. Full Name of Father, ... 9. Father's Occupation ... 10. Father's Birthplace, Innuya loria Name of Medical Attendant, or other person who makes this Return. Address ... Remarks.

L01532

RETURN OF A BIRTH. L. 1533 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race) Colo zeal 3. Date of Birth, August 4. Place of Birth, (Street and Number) 8/1 Reboter St 5. Full Name of Mother, Glesa Gohnson 6. Mother's Maiden Name, Edunal Junes 7. Mother's Birthplace, Eastern Ohor Edward Gohnson 8. Full Name of Father 9. Father's Occupation..... 10. Father's Birthplace, Anhe Arundel Co Name of Medical Attendant, or other person who Mrs Part den 554 Decement out the. Address,..... Remarks. . one y C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. Long. 34

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH Lin 535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether mute or female) flor ale
- 2. Race or Color. (if not of the white race) ...
- 3. Date of Birth, 29 August
- 4. Place of Birth, (Street and Number) Itto Or Caroline &
- 5. Full Name of Mother, Lachte Headling
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace, Ballo
- 8. Full Name of Father, Marce Loeddinger
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- 10. Father's Birthplace, Lush . d. 6.

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Wm / C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH L01538 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, de.) 1. Sex. (state whether male or female) ... / Cake 2. Race or Color. (if not of the white race) 3. Date of Birth, JA CAn quest 4. Place of Birth, (Street and Number) 123 & Cherry for 5. Full Name of Mother, Donne 6. Mother's Maiden Name, 7. Mother's Birthplace, Jak 8. Full Name of Father, Joullingar 9. Father's Occupation Jiveman 10. Father's Birthplace, Joakle Mid Name of Medical Allendanl, or other person who makes this Return, Address ... Remarks, .

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	5. Full Name of Mother, Of in dada
	6. Mother's Maiden Name, & Jahaefer
	7. Mother's Birthplace, Synnagel
	8. Full Name of Father, & St. Herole
	9. Father's Occupation ail or
	10. Father's Birthplace, Coope
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who s	9. Father's Occupation Desk
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RETURN OF A BIRTHALM541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	o. of Child of Mother, (state whether 1st, 2d, :	3d, (c.) Second
1.	Sex, (state whether mate or female)	Male
2.	Race or Color, (if not of the white race)	Black
3.	Date of Birth,	aug. 30 1893
4.	Place of Birth, (Street and Number)	115 th, Loutand St
5.	Full Name of Mother,	Maggie Sommers
6.	Mother's Maiden Name,	
7.	Mother's Birthplace,	my
8.	Full Name of Father,	
9.	Father's Occupation	
	Father's Birthplace,	
	Name of Medical Allendant, or other person who makes this Return,	Chas. S. Neer
	Address,	110 W. Lourbard St
	Remarks,	

wine . C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1.01542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female)	temale
2.	Race or Color, (if not of the white race)	Black
	Date of Birth,	
	Place of Birth, (Street and Number)	
5.	Full Name of Mother,	
	Mother's Maiden Name,-	
	Mother's Birthplace,	md
8.	Full Name of Father,	
9.	Father's Occupation	
	Father's Birthplace,	
	Name of Medical Attendant, or other person who makes this Return,	Char S, Mur
	Address,	115Whoute
	Remarks,	,
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RETURN OF A BIRTH. A Lon 543

1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the while race) While
	Date of Birth, Ungust 22 1893
	Place of Birth, (Street and Number) 115 W. Loutend 11-
5.	Full Name of Mother, Ella Wilson
6.	Mother's Maiden Name,
	Mother's Birthplace, Scotland
	Full Name of Father,
	Father's Occupation
	Father's Birthplace,
	Name of Medical Allendant, or other person who Chas. J. Meer
	Address, 115 W. Lowland
	Remarks,

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RETURN OF A BIRTH. 101544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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2. Race or Color, (if not of the while race) While
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4. Place of Birth, (Street and Number) 115 W. Lowburd S1
- 11.77 A 12.00
6. Mother's Maiden Name,
5. Full Name of Mother,
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Address, 115 W. Lowbard 81.
Remarks,

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RETURN OF A BIRTH. 101545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)	finale
2. Race or Color, (if not of the white race)	While
3. Date of Birth,	aug. 22, 1893
4. Place of Birth, (Street and Number)	115 W Lombard St-
5. Full Name of Mother,	Many Casey
6. Mother's Maiden Name,	
7. Mother's Birthptace,	D, C.
8. Futt Name of Father,	
9. Father's Occupation	
0. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Chas. J. Mur
Address,	115 Whowhend
Remarks,	

vin. ; . C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTHA LO 546

No. of Child of Mother, (state whether 1st, 2d,	1
1. Sex, (state whether mate or female)	Female
2. Race or Color, (if not of the white race)	Thile
3. Date of Birth,	august 28 1893.
4. Place of Birth, (Street and Number)	111
5. Full Name of Mother,	Katie Woods
6. Molher's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Falher's Occupation	
10. Falher's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	Chas & Neer
Address,	115 M. Constand M.
Remarks,	

RETURN OF A BIRTH. ALM 547 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) one - First 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race).... 3. Date of Birth, ... 4. Place of Birth, (Street and Number) __ 421. N. Poppleton 5. Full Name of Mother, Mrs 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, ... 9. Falher's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Remarks,

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RETURN OF A BIRTH. L01552

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Male
	Race or Color, (if not of the white race)
3.	Date of Birth, aug 20" 1893,
4.	Place of Birth, (Street and Number) 537, Orchard
	Full Name of Mother, Mary Fields
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Jallatu. W.
8.	Full Name of Father, Sin tields And
9.	Father's Occupation. Salvorin.
0.	Father's Birthplace, M. d.
	Name of Medical Attendant, or other person who when the market this Return,
	Address, Ma Lynn in Italian
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Lor553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether mate or femate)
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3. Date of Birth,
4. Place of Birth, (Street and Number), 5
. I all Dame of Mother,
6. Mother's Maiden Name, Lill Checker
1. Mother's Birthplace,
8. Full Name of Father.
. Pather's Occupation
13. Patrier's Birtiplace,
Name of Medical Attendant, or other person who makes this Return,
Address,
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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A Louis 54

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics Board of Health, Baltimore City.

RETURN OF A BIRTH. L01556

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RETURN OF A BIRTH L01557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 1. Sex, (state whether male or female) 2. Race or Color. (if not of the white race) 3. Date of Birth. 4. Place of Birth. (Street and Number) 5. Full Name of Mother, Sefection Colifice 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father,..... 9. Father's Occupation..... Length C. 10. Falher's Birthplace, N. Calle Name of Medical Atlendant, or other person who makes this Return, Address,.... Remarks, ..

Wm. J. C. Dulany Co., City Printers and Stationers.

1. Sex. (state whether male or female) ______ \(\(\lambda \) \(\lambda \) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,..... 8. Full Name of Father,..... 9. Father's Occupation...... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address,.... Remarks, ... $w_{\mathfrak{M}},\, J,\, C.$ Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. Race or Color. (if not of the white race) 3. Date of Birth. 8 fingerst 1895 4. Place of Birth, (Street and Number) Special Company of the state log medical for the 162 fred to the first of the state of the state

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 1. Sex, (state whether male or female).... 2. Race or Color, (if not of the white race).... 3. Date of Birth, 4. Place of Birth, (Street and Number).... 5. Full Name of Mother, 6. Mother's Maiden Name,... 7. Mother's Birthplace,..... 8. Futt Name of Father,... 9. Father's Occupation ... 10. Futher's Birthplace, Address, Remarks.

L01559

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RETURN OF A BIRTH, L01560 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. Tillian No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex. (state whether mate or female) 2. Race or Color. (if not of the white race) 3. Date of Birth. 18 man Dust 823 4. Place of Birth. (Street and Number) 327 Hours 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Futt Name of Father, 9. Father's Occupation 10. Father's Birthplace, ... Name of Medical Attendant, or other person who makes this Return,.... Address Remarks, .. Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH L01561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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6. Mother	s Maiden Name,	- hande which has been a	*
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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics Board of Health Baltimore City

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH ALDIS62 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mate or femate).....

- 2. Race or Color, (if not of the white race) 3. Date of Birth,
- 4. Place of Birth. (Street and Number)....
- 5. Full Name of Mother,
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace,.....
- 8. Full Name of Father,....
- 9. Father's Occupation

10. Father's Birthplace, ..

Name of Medical Attendant, or other person who makes this Return.

Address

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City

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 - 3. Date of Birth,
- 4. Place of Birth, Street and Number
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 - 6. Mother's Maiden Name
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 $w_{\rm HI}, \gamma, C.$ Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01563 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mate or femate) 2. Race or Cotor. (if not of the white race) 3. Date of Birth. 4. Place of Birth. (Street and Number) 5. Full Name of Mother, Jan La Colon wind with the state of the stat 6. Mother's Maiden Name, 7. Mother's Birthptace,..... 8. Full Name of Father,..... 9. Father's Occupation..... and the same 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address,.... Remarks, -Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01564 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Wild of Mother, (state whether 1st, 2d, 3d, &c.)..... 1. Sex. (state whether male or female)..... 2. Race or Color. (if not of the white race)_ 3. Date of Birth, 4. Place of Birth. (Street and Number)...... 5. Full Name of Mother, Glara 6. Mother's Maiden Name, Sugar Ex 7. Mother's Birthplace,..... 8. Full Name of Father, Languer 9. Father's Occupation ... 10. Father's Birthplace. Name of Medical Attendant, or other person who makes this Return,... Address Remarks, . m. J. C. Dulany Co., City Printers and Stationers,

RETURN OF A BIRTH. L01565 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) It Emale,

2. Race or Color, (if not of the white race) White

3. Date of Birth, Street and Nymber) 10 48 H. Saratoga

5. Full Name of Mother, Louise Deppe

6. Mother's Maiden Name, Louise Frank

7. Mother's Birthplace, Jermany

8. Full Name of Father, John Joseph Deppe

9. Father's Occupation Lawfor Deppe

10. Father's Birthplace, Lermany

Name of Medical Attendant, or other person who Makes this Return, Address, 1, 10 f. Mother's Return, Address, 1, 10 f. Mother's Remarks,

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un he l'occu y the ce of ign o ign o reafte Hent er fail nse, te	6.	Mother's Maiden Name, Mothe 17. R.
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RETURN OF A BIRTH. LM567 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth, . (2) 25 / 93 4. Place of Birth, (Street and Number) 1632 Silones of Ballings 25. Full Name of Mother, le una State Threte 6. Mother's Maiden Name, Lange Lotte decer 7. Mother's Birthplace.... 8. Full Name of Father, Grange Albert That le 9. Father's Occupation. I Cacconil 10. Father's Birthplace, Name of Medical Allendant, or other person who have far at Relling Address. 1010 Jineen (Allay Bellinere She Remarks, Ballimon Ling 30 11 Wm J. C. Imlany Co., City Printers and Stationers

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RETURN OF A BIRTH. 151568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 186. Sex, (state whether male or female)
	Ruce or Color, (if not of the white race) Colored
	Date of Birth, Aug. 29 18.93
	Place of Birth. (Street and Number) 16 17 Vincent 2
5.	Full Name of Mother,
j.	Mother's Maiden Name, (Cota - Orl
7.	Mother's Birthplace. Anne randel. County
	Full Name of Father, Philip Orfice
	Father's Occupation.
	Father's Birthplace, Washington 100
	Name of Medical Attendant, or other person who Mrs. Sarah. Rollins Address,
	Address, 1610 Wingerest D
	Remarks,

Wm J C Dulany Co., City Printers and Stationers

on or parents of soft and above required, section shall be situtes are recovered	RETURN OF A BIRTH. Lo. 56. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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provis	2. Race or Cotor, (if not of the white many
h the	3. Date of Birth, Street and Nov. 1
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ce, to	6. Mother's Maiden Name,
orten	1. Mother's Birthptace
7	8. Full Name of Father, Bennial
	9. Father's Occupation Shot Market
	10. Father's Birthplace,
	Name of Medical Atlendant, or other person who makes this Return,
	Address, Address,
	Remarks,

Wine, J. C. Dulany Co., City Printers and Stationers.

1. Sex, (state whether male or female) 2. Race or Color. (if not of the white race)... 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation. 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address. Remarks,

WM J. C DULANY & OO , CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. LD1570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1432 N Bond SI-Ewith Burlow Leach Charles Barton Carpenter Belli

3. Date of Birth, 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation. 10. Father's Birthplace, Address, Remarks,

RETURN OF A BIRTH L01571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) Jemale 2. Race or Color, (if not of the white race) ... While leng 16 th 1895 4. Place of Birth, (Street and Number) 1203 N Bond SI-Bosbera Pearer Wir J. Pence Boles M. B. Billing les 1206 G. Porsion SU Name of Medical Attendant, or other person who makes this Return.

J C DULANY & CO , CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH.A L01572

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

110	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth. (Street and Number) 424 ()
ō.	Full Name of Mother,
6.	Mother's Maiden Name, Janier
7.	Mother's Birthplace.
	Full Name of Father, bornt Ofmath
	Father's Occupation.
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address, 10 3 E. Low 20 Land
	Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

Will J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH A LO1573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chitd of Mother. (state whether 1st, 2d, 3d, &c.) Aft Child
1. Sex. (state whether mate or female). Henrich
2. Race or Cotor. (if not of the white race) white Ruce
3. Date of Birth. and 11
4. Place of Birth, (Street and Number) 1906 & Chase St
5. Full Name of Mother, Horesice Cush Bright
6. Mother's Maiden Name, Jelwerselwarne
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Less all and nicht
6. Father's Occupation.
Interprete,
Name of Medical Attendant, or other person who makes this Return, MS Luming have
Address
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RETURN OF A BIRTH. Lon574 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) 3. Date of Birth. 4. Place of Birth. 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation. 10. Father's Birthplace, Name of Medical Allendant, or other person who makes this keturn. Address, Remarks,

RETURN OF A BIRTH. LD1575 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, de.) 1. Sex, (state whether male or female) trunale 2. Race or Color, (if not of the white race) ... flack 3. Date of Birth, Que 27 1893
4. Place of Birth, (Street and Number) Ind Lying In Hof,
5. Full Name of Mother, Sallie Baukh 6. Mother's Maiden Name, 7. Mother's Birthplace, Sporter Va. 8. Full Name of Father. 9. Father's Occupation, 10. Father's Birthplace, ... Name of Medical Attendant, or other person who Wilmer Brinton m D md. Lying in Hospital Address ... Remarks,

RETURN OF A BIRTH! Lin 576 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mate or female)..... 2. Race or Color, (if not of the white race)..... 3. Dale of Birth,..... 4. Place of Birth. (Street and Number) 130 (1997) 5. Full Name of Molher, 6. Molher's Maiden Name, 7. Molher's Birthplace, 8. Full Name of Father, ____ 9. Falher's Occupation, 10. Father's Birthplace, Name of Medical Allendanl, or other person who makes this Return. Address, Remarks,

RETURN OF A BIRTH. A LIM577 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, ge.) 2 1. Sex, (state whether mate or femate)..... finale 2. Race or Color, (if not of the white race)-3. Date of Birth, 4. Place of Birth, (Street and Number) - Cheste 5. Full Name of Mother, Can My 6. Mother's Maiden Name, 7. Mother's Birthplace,..... 8. Futt Name of Father,.... Jaloug throng 9. Father's Occupation ... 10. Father's Birthplace, .. Name of Medical Attendant, or other person who makes this Return,... Address, No 1,24 nest Remarks, .

Vin. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. Lin578 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Molher, (slate whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether mate or female) Mule
- 2. Ruce or Cotor, (if not of the white ruce) Color ruce
- 3. Date of Birth. Of 4 of august 1293
- 4. Place of Birth. (Street and Number) Bullone honard At 931
- 5. Full Name of Mother. Chary Springs Ties for
- 7. Mother's Birthplace. Juston Shire med
- 8. Full Name of Father. Setton & Springs
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WH J C BULANY GO CITY PRINTERS AND STATIONS

Cimics	To the Office of Registrar of Vital Statistics, Board of Health. Baltimore
1	No of Child of Mother, (state whether 1st. 2d. 3d, &c.)
	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race)
	3. Date of Birth,
4	3. Date of Birth, 4. Place of Birth. (Street and Number)
=	Full Name of Mother, 6 and
6	Mother's Waidan N.
7	. Mother's Birthplace.
8.	Full Name of Father,
9.	Father's Occupation.
]().	Father's Occupation. La Cesarian Father's Birthplace,
	Name of Medical Altendant, or other person who makes this Return. Address, Remarks,

RETURN OF A BIRTH. L01580 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, state whether 1st, 2d, 3d, &c. 8 1. Sex. state whether male or female male 2. Race or Color, if not of the white race Boloud 3. Date of Birth. 6/1 Lanvale SI 4. Place of Birth. Street and Number, August 20th 1893. 5. Full Name of Mother, S. T. Gameth 6. Mother's Maiden Name. 7. Mother's Birthplace. Howard Go Ind 8. Full Name of Father. William Garrett 9. Father's Occupation. Januar 10. Father's Birthplace. Howard Eo Ind Name of Medical Attendant, or other person with A. Johnson Remarks.

RETURN OF A BIRTH. ALDIS81 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1. Sex, (state whether male or female). 2. Race or Color, (if not of the white race)... white 3. Date of Birth, 20 August. 4. Place of Birth, (Street and Number) 5. Full Name of Mother, chours ou Vihoenholz 6. Mother's Maiden Name, 7. Mother's Birthplace. ermonny 8. Full Name of Father, Thomas dinvenhols 9. Father's Occupation, 5016000 10. Father's Birthplace, ermony y Name of Medical Attendant, or other person who makes this Return, Address, Ffull St. 1331 Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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2. Race or Cotor, (if not of the white race)	710. t.
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7. Mother's Birthplace, Sans	in in the
8. Full Name of Father, Max	will puropa
). Father's Occupation Ryle	a h
). Father's Birthplace,	Qf . 1
Name of Medical Attendant, or other person who makes this Return,	Jani & manurale
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Wrg. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. A01583 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, de.).... 1. Sex. (state whether male or female)..... 2. Race or Color. (if not of the white race)____ 3. Date of Birth, 4. Place of Birth. (Street and Number) 4 5. Full Name of Mother, 6. Mother's Maiden Name, ... 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation ... 10. Father's Birthplace. .. Name of Medical Attendant, or other person who makes this Return,... Address Remarks, .. w. . C. Dulany Co., City Printers and Stationers,

RETURN OF A BIRTHA LO1584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	1. Sex. (state whether mate or female) Tricil
2	2. Race or Color. (if not of the white race) white Ruce
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S.	Full Name of Father
9.	Father's Occupation John Isaniff
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	Name of Medical Attendant, or other person who makes this Return, MAS Committee Committee Address.
	Address.
	Remarks, MAdwife

Wm J C. Dulany Co., City Printers and Stationer

RETURN OF A BIRTH. 191585 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 2. Race or Color, if not of the white race, 2. Date of Birth, (Street and Number) 3. Date of Birth, (Street and Number) 4. Place of Birth, (Street and Number) 5. Full Name of Mother's Maiden Name. 7. Mother's Mitchen on the Mother's Maiden Name. 10. Falter's treetypation 10. Falter's treetypation 11. Falter's Mitchen of Mother's Maiden Name of Mother's Method Alterdant of Mother's Mitchen of Mother's Mother's Mother's Mitchen of Mother's	
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5. Full Name of Mother,	4. Place of Birth. (Street and Number) 34
6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address, Remarks, Remarks,	5. Full Name of Mother,
7. Mother's Birthplace. 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace. 10. Father's Birthplace. 10. Father's Birthplace. Name of Medical Attendant, or other person who makes this keturn. Address, Remarks, Remarks,	6. Mother's Maiden Name, Alactore
9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address, Remarks,	7. Mother's Birthplace, Line 24.02
10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address, Address, Remarks,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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RETURN OF A BIRTH. Lo. 586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Dracting of the state of the st	5. Full Name of Mother, Cearl of sail
the bit the bit the pit tan of the fail to nee, to	6. Mother's Maiden Name, Colillaria
one or one or one or	7. Mother's Birthplace, Russia
The sum of	8. Full Name of Father,
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con as control of the	10. Father's Birthplace, Russia
nedule set for the key for the	Name of Medical Attendant, or other person who makes this Return,
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Wm + C	Dulany Co. City Printers and Stationers

RETURN OF A BIRTH. LD1587

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether male or female) Male
- 2. Race or Color. (if not of the white race) Thit
- 3. Date of Birth. (Street and Number, 704 Str. No 608
- 5. Full Name of Mother, ...
- 6. Mother's Maiden Name. Medhon, Cito Par.
- 7. Mother's Birthplace.
- Majte Gestan 8. Full Name of Father, ...
- 9. Father's Occupation, ...

10. Father's Birthplace,

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Address. Than wes this Return. Agnos Studolna.

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RETURN OF A BIRTHA LO1588 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female)... 2. Race or Color. (if not of the while race)... 3. Date of Birth, 4. Place of Birth. (Street and Number) 5. Full Name of Mother, ... 6. Mother's Maiden Name, ... 7. Mother's Birthplace. 8. Full Name of Father, ... 9. Father's Occupation. 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address. Remarks, Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01589 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) mall 2. Ruce or Color, (if not of the white ruce) Color first Child 3. Date of Birth. angust 20 1893 wonderful well
4. Place of Birth, (Street and Number) Ballino cety Carroll of 1407,
5. Full Name of Mother, hollie flinelett King 6. Molher's Maiden Name, Larah Kin 7. Molher's Birthplace, amajelis Inc 8. Full Name of Father, file bridge 9. Father's Occupation, More yas 10. Father's Birthplace, Baltinol and Name of Medical Altendant, or other person who makes this Return. Address, 1428 Luvenca will Remarks, Adell

RETURN OF A BIRTH. AL01590 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 to 1. Sex, (state whether male or female) Malelack 3. Date of Birth. 19 Low ctayust 1841, 4. Place of Birth. (Street and Number) Lines JL 1 256 5. Full Name of Mother, Ging Cie Miller 6. Mother's Maiden Name, God nge 7. Mother's Birthplace. Balline 8. Full Name of Father, othony Miller 9. Father's Occupation Harl Wine 10. Father's Birthplace. Ballinear Name of Medical Attendant, or other person who makes this Return. Address, Thurshine Johnway Tool Ely of 434 Remarks, .

Witt. J. C. Dulany Co., City Printers and Stationers.

RETURN	OF	A	BIRTH.	L01591
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To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

The second secon
No of Child of Mother, (state whether 1st, 2d. 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Thife
3. Date of Birth. Agust 18/92
4. Place of Birth. (Street and Number) La contact to
of the warme of Mother,
6. Mother's Maiden Name. Son Barthortic
7. Mother's Birthplace. Poland
8. Full Name of Father, Majh Barthows hi
9. Father's Occupation. Poland
1). Father's Birthplace, Does land.
Name of Medical Allendant, or other person who oftgnes Hodolna
Address. Thames Str. No. 1635.
Remarks,

Wm J. C. Dulany Co., City Printers and Stationers,

10. Father's Birthplace, Address, Remarks. WM J O DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A LOIS 92 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, de.) 4 1. Sex, (state whether mate or female) Low 3. Date of Birth, Classic (3 5. Full Name of Mother, Clana Land 6. Mother's Maiden Name, 9 7. Mother's Birthplace, (sxxlenuck Kannowe 8. Full Name of Father. Scharling Shead 9. Father's Occupation, Stewarton - S. 11 a. n. 1. 2. 11 Name of Medical Atlendant, or other person who and harmy or Marie this Return, Gurnol 10 3th

RETURN OF A BIRTH. ALDIS 93

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Dale of Birth, Sugarst, 18th 1893
4. Place of Birth, (Street and Number) 22/9 Carton drie (B)
5. Full Name of Mother, Berthe Auch, Prose.
6. Mother's Maiden Name, Bertha Hoch.
7. Mother's Birthplace, Germany.
8. Full Name of Father
9. Father's Occupation, Julius Johan Proces
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who Mrs. All Tanks Return,
Address, # 615 S. Patterson Ple. Art.
Remarks,

WP1 J C. Dulany Co., City Printers and Stationers.

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	Child of Molher, (state whether 1st, 2d, 3d, &c.)
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2. Re	ace or Color, (if not of the white race) to ala cal
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4. Pl	lace of Birth, (Street and Number) 411 Jonate
5. Fu	ill Name of Mother, TheCongraphy
6. Mo	other's Maiden Name, 11 - Receptor
7. Mo	other's Birthplace, B 2 6 7 9 00 0
8. Fu	Il Name of Father, Old my, Do
	ther's Occupation -
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d ab secti	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore
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y will	1. I title of Birth, (Street and Number)
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ce, to	o. Mother's Maiden Name,
offen	7. Mother's Birthplace,
l herei	8. Full Name of Father,
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llob (10. Father's Birthplace, X
f test (1	Name of Medical Attendant, or other person who makes this Return,
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Wm. J. C. Dulany Co., City Printers and Stationers

	RETURN OF A BIRTH. Linis
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth, 13 Aug
4.	Place of Birth. (Street and Number) Lanton Ave 1329
5.	Full Name of Mother, Signe Jours 14
6.	Mother's Maiden Name, Size Miller
	Mother's Birthplace, Jer man
8.	Full Name of Father, Jose Garroll
9.	Father's Occupation 2 hip cas henter
10.	Father's Birthplace, Buttimas
	Name of Medical Attendant, or other person who makes this Return you have the second of the second o
	Address, You of the P
	Remarks,

wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. ALM 598 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mate or female).... 2. Race or Color, (if not of the polite race) Colered 3. Date of Birth, Nugurla 4. Place of Birth, (Street and Number) Hanasd 5. Full Name of Mother, tyneng Sinder 6. Mother's Maiden Name, Sterry rimmons. 7. Mother's Birthplace, Canablidge 8. Full Name of Father, Alenen Primmans 9. Father's Occupation 10. Father's Birthplace, Wilmington delener Name of Medical Attentiant, or other person who nakes this Return 1 areal Jage Million Address Remarks,

vin. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A LUIS	9
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.	
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	
3. Date of Birth, Am 9 10. 1897	••••
4. Place of Birth. (Street and Number) Believe Odaring 272	0
5. Full Name of Mother, Ada Tirolla	
6. Mother's Maiden Name, Hilliam	
7. Mother's Birthplace. Forghing	
8. Full Name of Father, John Dieller	
9. Father's Occupation, Econe	.
10. Father's Birthplace, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Name of Medical Attendant, or other person who makes this Return, Office House	
Address, 9,24 Bm	
Remarks,	
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RETURN OF A BIRTHA L01600 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mule or female) The many cale 2. Race or Color, (if not of the white race) Ithis 3. Date of Birth, 4. Place of Birth. (Street and Number) Eastern Ave 500 5. Full Name of Mother, Mary Alternie Bates 6. Mother's Maiden Name. Mary Marnie Santos 7. Mother's Birthplace, Bul timore 8. Full Name of Father, 9. Father's Occupation 10. Father's Birthplace, .. Name of Medical Attendant, or other person who makes this Return, Standard Standard Control Address Remarks,

RETURN OF A BIRTH. L01601 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No of Child of Mother, (state whether 1st, 2d. 3d. &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) Color 3 Date of Birth, 1 august 1893 4. Place of Birth. (Street and Number) 11 Annual Street 5. Full Name of Mother, Marthal said 6. Mother's Maiden Name, Alexander Times of the 7. Mother's Birthplace, 13 11 line of 8. Full Name of Father, Million 9. Father's Occupation, Later 10. Father's Birthplace, 72 webs 22 100 Eurotes Name of Medical Attendant, or other person who formany from the state of the state Address, 12 3 . Stone of records Remarks, restance Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A LO 602 To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female). 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth. (Street and Number) ... 5. Full Name of Mother, ... 6. Mother's Maiden Name, 7. Mother's Birthplace. 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address, Remarks, Wm J C Dulany Co , City Printers and Stationers

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To	the	Office	0f	Registrar	of	Vital	Statistics	. Board	of	Health	Raltimono	City.
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex. (state whether mate or female) Mule 2. Race or Color, (if not of the white race) White 3. Dute of Birth. J' of e figury 1899 4. Place of Birth. (Street and Number) 20 Albemarte Lig 5. Full Name of Mother. Justine Axsnux Jackenty 6. Mother's Maiden Name. Theter Arsnur 7. Mother's Birthplace. Questia
8. Full Name of Father. Girffantin Juickewitz : 10. Father's Birthplace, Lustia Name of Medical Attendant, or other person who makes this Return, A. Chirman, M. D Address,... 22, A. High Str

Remarks,

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1. Mother's Birthpt	ace, Le	6.001 + 21 hor	District Control	
8. Futt Name of Fa	ther, 20	5 D11	5-5-6-5	F
3. Father's Occupat	tion.	0.00		**********
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Name of Medicat	Attendant or othe	er person who	3 77	· sta
Address,	2)	I Sich	helter	
Remarks,		/ /		

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RETURN	OF	A	BIRTH.	A Lv1605
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	Sex, (state whether mate or female)
	Race or Color, (if not of the white race)
	Date of Birth.
4.	Place of Birth. (Street and Number) 1724 6. By History
5.	Full Name of Mother, Sillie Suest ier
6.	Mother's Maiden Name, Ug (Sasth of one 11)
7.	Mother's Birthplace, The fitter of the
8.	Full Name of Father,
	Father's Occupation
	Father's Birthplace, Saft All
	Name of Medical Attendant, or other person who makes this Return.
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	Remarks,

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RETURN OF A BIRTHA Lin 606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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inch in the in t	4. Ptace of Birth. (Street and Number) 12/5 John 1
uths was created by the Country of t	5. Full Name of Mother, Mary Standard
The birth be a property of the birth be a proper	6. Mother's Maiden Name,
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wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Loi607' To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1. Sex, (state whether male or female)... 2. Race or Color, (if not of the white race) 3. Date of Birth, 4. Place of Birth, (Street and Number).... 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,..... Baltinore 8. Full Name of Father,... 9. Father's Occupation inquiell. 10. Father's Birthplace, Name of Medical Allendant, or other person who makes this Return, Address,... Remarks,

vin. J. C. Dulany Co., City Printers and Stationers

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en cratter since on the cut be sin cut be sin the occup fictor of the fictor of the ereafter i of Health,	6. Mother's Maiden Name, Bull forme Houth many
the property of the property of a place of the property of the place of the p	8. Futt Name of Father, Thomas Jumes Drisgill
direction of the control of the cont	9. Father's Birthplace Mathematica Vinginia
Ambage of the control	Name of Medical Attendant, or other person who makes this Return
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War, J. C. Dulany Co., City Printers and Stationers.

RETURN	OF	A	BIRTH. ALIGO
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110	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
	Date of Birth,
4.	Place of Birth, (Street and Number) 509. Occasion
5,	Full Name of Mother, Auch Thee troust
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Cloudity
8.	Full Name of Father,
9.	Father's Occupation Jabrer
0.	Father's Birthplace,
	Name of Medical Attendant, or other person who Aless
	Address, 1235 Corve
	Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Loi610 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jourth 1. Sex, (state whether mate or female). 2. Race or Color, (if not of the white race) that 3. Date of Birth, twenty seemed class of August 4. Place of Birth, (Street and Number) It Lag bling still 5. Full Name of Mother, Mrs Kosa 6. Mother's Maiden Name, Kola 7. Mother's Birthplace, avassan 8. Full Name of Father, Mr Jenry Hels 9. Father's Occupation Like 10. Futher's Birthplace, Janaqua Name of Medical Atlendant, or other person who makes this Return, Address, Remarks. Wes. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Line	61
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether mate or femate)	
2. Race or Color, (if not of the white race)	
3. Date of Birth, Lougast the 21.189	97
4. Place of Birth, (Street and Number) Conlight of 11/11	7
5. Full Name of Mother, Moven & holing	
6. Mother's Maiden Name, Mouse & Soller	••••••
7. Mother's Birthplace, Bultimor	
8. Full Name of Father, Trances habit	
9. Father's Occupation Labor	
10. Futher's Birthplace, Belling	
Name of Medical Attendant, or other person who makes this Return, Mars & Heller	*****
Address, 10 14.29 110 14.30 As	
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Wm. J. C. Dulany Co., City Printers and Stationers

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2.	Race or Color, (if not of the white race) Colored
3.	Date of Birth. September 14 1893
4.	
5.	
6,	Mother's Maiden Name, 1' Hattie telling
7.	Mother's Birthplace, Mosto Priver and
8.	Full Name of Father. Eliza Foylor
9.	Father's Occupation. A Bremant
10.	Father's Birthplace. Doutons In D
	Name of Medical Attendant, or other person who
	Address. 538 Boker street
	Remarks,

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L01614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male und fernale 2. Race or Color, (if not of the white race) . . Calard 3. Date of Birth, Tellernher 1/ 1893, 4. Place of Birth, (Street and Number) wineder it Nots 5. Full Name of Mother, Nda roleder 6. Mother's Maiden Name, ida Cartes 7. Mother's Birthplace, Ballernie. 8. Full Name of Father, alfred whedes 9. Father's Occupation Lahous 10. Father's Birthplace, Alent baunty, langland Name of Medical Attendant, or other person who makes this Return, Lax Mak Jane Selfillin Address, Ja 424 west Henry A Remarks,

vin. 7. C. Dulany Co., City Printers and Stationers.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

RETURN	OF	A	BIRTH	

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether mate or female).
2. Race or Color, (if not of the white race)
3. Itale of Birth, Sen 18/10
4. Place of Birth, (Street and Number) 620 3 Phanles At
5. Full Name of Molher, Long Milles
6. Molher's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Hirsh millen
9. Father's Occupation Pants Inakes
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, Barles
Address, 14 & Usak H
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN	OFCA	BIRTH	10.616
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 & hild	
1. Sex. (state whether mate or female) Male - Charles & So	Amidi
2. Race or Cotor, (if not of the white race) Illite	1
3. Date of Birth. 1309 Eastson Som	J
4. Place of Birth. (Street and Number) 17 Seft	
5. Full Name of Mother, Mary Schon it Schon	1+
6. Mother's Maiden Name. Story Heavas invear	
7. Mother's Birthplace, Germany	
8. Full Name of Father, John (Schunte) Schmid	<i>t</i>
9. Father's Occupation Carpenter	
10. Father's Birthplace, Jershany	• • • • • • • • • • • • • • • • • • • •
Name of Medical Attendant, or other person who Mass Scharra	
Address. 409 South Bond of	
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH Loi617 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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he bir he bir he prin		Mother's Maiden Name, In andy Bridge or
where the control of		Mother's Birthplace, Spot 2 gover only von
of a line of a l		Full Name of Father, Samuel Barley
far the shift are far the shift are for the far far far the fa	9.	Father's Occupation, Occa Angelian Last
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WM J. C. BULANY CO CITY PRINTERS AND STATIONERS

RETURN	OF	A	BIRTH.	A01618
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1.	Sex, (state whether mate or female) 2. Lists
	Race or Color, (if not of the white race) Wite
	Date of Birth, 15th Sep
4.	Place of Birth, (Street and Number) crech Alex
	Full Name of Mother, Rate Welher
6.	Mother's Maiden Name, Acts Meaver
	Mother's Birthplace, Bermaney
	Futt Name of Father, Suhn Kelker
9.	Father's Occupation Carpenter
10,	Father's Birthplace, Allumany
	Name of Medical Attendant, or other person who makes this Return, makes this Return,
	Address, Grass Street III west Grace et
	Remarks,

wm . C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTHA Lor619 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) Last some (1) 2. Race or Color, (if not of the while race) _ Ago Beld 3. Date of Birth, ... 4. Place of Birth, (Street and Number) Lasti Upal Minel Nt 15 11/2 5. Full Name of Mother, Sully gare long 6. Mother's Maiden Name, work fund fram 7. Mother's Birthplace, Saltingne Mil 8. Full Name of Father, John Long 9. Father's Occupation & rish Maple 10. Father's Birthplace, Name of Medical Allendant, or other person who makes this Return, the Mil And Market Mills Remarks.

" M. J. C. Dulany Co., City Printers and Stationer

RETURN	OF	\mathbf{A}	BIRTH

L01620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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2. Race or Color, (if not of the while race)	elilizat
3. Date of Birth,	
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5. Full Name of Mother,	· · · · · · · · · · · · · · · · · · ·
6. Mother's Maiden Name,	
7. Mother's Birthplace,	6. they die to a
8. Full Name of Father,	Y Y
9. Father's Occupation	
0. Father's Birthplace,	***************************************
Name of Medical Attendant, or other person who makes this Return,	Just seems 111
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Remarks,	

sim. J. C. Dulany Co., City Printers and Stationers

RETURN	OF	A	BIRTH.	1.01604
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1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
	Date of Birth, 14
	Place of Birth, (Street and Number)
ā.	Full Name of Mother, Jame Santsene
	Mother's Maiden Name, some la canner
	Mother's Birthplace,
8.	Full Name of Father,
	Father's Occupation
(),	Father's Birthplace,
	Name of Medical Attendant, or other person who Miss Burgs
	Address, The Mest Orows of
	Remarks,

win. ; C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) 2. Race or Color, (if not of the white race) ... 3. Date of Birth, 4. Place of Birth, (Street and Number) 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address, Remarks,

Lv1622

RETURN OF A BIRTH. L01623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d. 3d, &c.)
1. Sex, (state whether mate or female) Male
2. Race or Color, (if not of the white race) - Ahite
3. Date of Birth, Sen. 14 th
4. Place of Birth, (Street and Number) Dhucham Sor 730
5. Full Name of Mother, Bell Paroclec
6. Mother's Maiden Name, 11 Olevlai
7. Mother's Birthplace. Doland
8. Full Name of Father, Manuel. Parople!
9. Father's Occupation & aboren
10. Father's Birthplace, Poland
Name of Medical Allendant, or other person who My Curry Ritter
Address, Board W
Remarks,

. m. ; C. Dulany Co., City Printers and Stationers

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to he me	2. Race or Cotor, (if not of the white race),
the state of the s	3. Date of Birth,
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has we have the country of the count	5. Full Name of Mother, Kats L. for
the tore the purity or aufter to to to to	6. Mother's Maiden Name, State Sheffer
me car me car se and ca offic mysici there of 1	7. Mother's Birthplace. 19 altinhos
he sach	8. Full Name of Father, 4:099 Ly hol
he in the	9 Futher's Comment
h ms h h h h h h h h h h h h h h h h h h	10. Father's Birthplace, Standard
et for et for et for he de amd et t the t the irth to perso	Name of Medical Attendant, or other person who makes this Return, Address, 2559 S.
schends schend	Address, 2869 A. Sellar de Enice.
dute dute dute v of ur w ce ul	Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH ALDIGES

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	o. of Child of Mother, (state whether 1st, 2d, 3	Sd, dc.) Clereze
	Sex, (state whether male or female)	Male
2.	Race or Color, (if not of the white race)	White
3.	Date of Birth,	13
4.	Place of Birth, (Street and Number)	123 Maderia
5.	Full Name of Mother,	Marguelle Neury
6.	Mother's Maiden Name,	Mangerette Oldannelle
7.	Mother's Birthplace,	Baltimere)
8.	Full Name of Father,	James Venn
9.	Father's Occupation.	Laborer
10.	Father's Birthplace,	Baltinone)
	Name of Medical Attendant, or other person who makes this Return.	Mary A. Perties
	Address,	241 S. Chester 1.
	Remarks,	

WM. J. C DULANY & OO , CITY PRINTERS AND STATIO

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To the Office of No. of Child of Mother,	the control of the co
1. Sex. (state whether m	recreation was placed by the date of the d
2. Race or Color, (if no. 3. Date of Birth,	il recent per son pronte lag of the following the followin
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6. Mother's Maiden Na. 7. Mother's Birthplace.	includes only with the introduction of the continued by the first of the continued by the first of the continued by the continued by the continued of the continued by the continued of the conti
8. Full Name of Father9. Father's Occupation.	the state of the s
 Father's Birthplace, Name of Medical Atte 	white a function of the control of t
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	martino Separation Description

RETURN OF A BIRTHALIMO26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex. (state whether male or female).

2. Race or Cotor, (if not of the white race).

3. Date of Birth.

4. Place of Birth. (Street and Number).

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Wm. j. C. Dulany Co., City Printers and Stationers.

RETURN	OF	A	BIRTH.	L01627
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 bhild
1. Sex. (state whether mate or female) Penale
2. Race or Color, (if not of the white race) What
3. Date of Birth. 10 Sept 1893
4. Place of Birth, (Street and Number) 892 Cannal It
5. Full Name of Mother, Annie Sieland
6. Mother's Maiden Name, Annua Safe
7. Mother's Birthplace, Ball
8. Full Name of Father 9
9. Father's Occupation Carbbisk and
0. Father's Birthplace, Bultanning
Name of Medical Attendant, or other person who Mrs. Schuman
Address. 409 Soft Primary
Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN	OF	A	BIRTH.	L01628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chil	d of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex. (sle	ale whether male or female, Temale.
	Color, (if not of the white race) bolow maile
3. Date of	Birth. Schleinler,
4. Place of	Birth. (Street and Number) 902 Durha off.
	me of Mother, Hanna Prucha.
	Maiden Name. Mrs. Horky.
7. Mother's	Birthplace, Rodindentor .
	me of Father, Charly Horfe
	Occupation Jedrichover.
	Birthplace, Larve.
	Medical Atlendant, or other person who Makes this Return Makes this Return
Address.	
Remarks,	La Collection of

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN (F	A	BIRTH.	L01629
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To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

w the
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Cotor, (if not of the white race) while
3. Date of Birth,
4. Place of Birth. (Street and Number) 182 Heneman Ac.
5. Full Name of Mother, Ambonie Busings
6. Mother's Maiden Name, Antonie Arine
7. Mother's Birthplace, Bohemia Eural
8. Full Name of Father, Linguite Busineski
9. Father's Occupation Quylor
10. Father's Birthplace, Bolienia
Name of Medical Attendant, or other person who of logica to the form
Address. 1010 Anthe Durham
Remarks,

	RETURN OF A BIRTH. IN
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore
No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth, St. 1843
4.	Place of Birth, (Street and Number) 10/8 4 in there I level
5.	Full Name of Mother, Georgiana Harner Smill
	Mother's Maiden Name, " / aline?
	Mother's Birthplace. Ballo (a.
8.	Full Name of Father, Math is Smith
	Father's Occupation, Dales
10.	Father's Birthplace, Balta.
	Name of Medical Attendant, or other person who Mrs. The mile My & L. Address, Address,
	Address, A. 223 & Earl St
	Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH Lo1631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex. (state whether mate or femate)
2.	Race or Cotor, (if not of the white ruce)
3.	Date of Birth.
· 4.	Place of Birth. (Street and Number)
5.	Full Name of Mother,
6,	Mother's Maiden Name,
	Mother & Dirthplace,
8.	Futt Name of Father,
9.	Father's Occupation (Tagler
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
	Address.
	Remarks,

wm. J. C. Dulany Co., City Printers and Stationers.

RETURN	OF	A	BIRTH
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ne	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex. (state whether male or female)
	Race or Color. (if not of the white race)
3.	Date of Birth. & 23
4.	Place of Birth. (Street and Number) 35 1 8 1
	Full Name of Mother,
6.	Molher's Maiden Name, 2 12
7.	Mother's Birthplace, Jana
8.	Full Name of Father,
9.	Father's Occupation
	Falher's Birthplace.
	Name of Medical Altendant, or other person who makes this Return.
	Address.
	Remarks,

Win. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Longs

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Aro	
140	of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1.	Sex, (state whether male or female) Male
2.	Race or Color, (if not of the white race). White
3.	Date of Birth, 1898,
4.	Place of Birth, (Street and Number) WI
5.	Full Name of Mother, Mary Murthy
6.	Mother's Maiden Name, 11
7.	Mother's Birthplace, Juland
8.	Full Name of Father,
9.	Father's Occupation,
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who where the Return. Wilmer Bornlow M. A
	Address, md. Lyng - w Hosky w
	Remarks,

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether mute or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept mber the
4. Place of Birth, (Street and Number) 110 Hall
5. Full Name of Mother, Asime Sufel
6. Molher's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Ellie Galet
9. Father's Occupation Pants maker
10. Father's Birthplace, Russile
Name of Medical Attendant, or other person who Lene Beale
Address, 44 Mark
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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No. of	Child of Mother, (state whether 1st, 2d, 3d, &c.)
3	(state whether male or female)
	e or Color, (if not of the white race)
3. Dat	e of Birth, 93
4. Pla	ce of Birth, (Street and Number)
5 L. 171.7	1 Name of Mother
6. Mot	her's Maiden Name,
7. Moti	her's Birthplace.
9. Fat	Name of Father, Cert of the American her's Occupation, Cert of the American her's Occupation,
	her's Birthplace, Gezman
	ne of Medical Attendant, or other person who Medical Attendant, or other person who makes this Return,
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	parks,

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f The Market Parket Penkin	6. Mother's Maiden Name, 7/1
whice of the control	7. Mother's Birthplace,
distinct distinct ission all he	S. Full Name of Father,
innue comm Comm Nho sh	9. Father's Occupation, Jan
other, sons v	10. Father's Birthplace,
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RETURN	OF	A	BIRTHA, Loros	50
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of the bar is other transfer and	3.	Date of Birth. an the 12 of Selective
second or here or here		Place of Birth. (Street and Number) No 112 Radyes Acce
the state of the s		Full Name of Mother, Lanie Halle
Me bere of the ber	6.	Mother's Maiden Name, Junie Jahren 2001
Parties of Market Comments of the Comments of		Mother's Birthplace. Boltrina (City
March Ma		Full Name of Father. Level 16 (6)
Property of the second of the	9.	Father's Occupation, July
Merchan	10.	Father's Birthplace. & Retitive (City
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respondent and a state of the s		Address. No 129 Redge Acc
and		Remarks,
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RETURN OF A BIRTH. A LUIGS
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
No. of Child of Mother Staff whether 1st, 20, 30, (Child of Mother
1. Sex, (state whether male or female) Link
2. Race or Color. (if not of the white race) we have
3. Date of Birth. 1 45 43
4. Place of Birth, (Street and Number) De Cost 2 2 13
5. Full Name of Mother, Sofiling (Boles) Voulland
6. Mother's Maiden Name, Maller
7. Mother's Birthplace, Bahaire
8. Full Name of Father, Love to Bolet Bullion
9. Father's Occupation La Cor
10. Father's Birthplace, Balvainne
Name of Medical Attendant, or other person who was this Return, Lord Lean 1875 Les
Address. To when the an -03
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endennee on st of the name of	7. Mother's Birthplace, Dall
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to the control of the	10. Father's Birthplace, LINN
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h. Th. I.	Remarks,

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rm of f Heal wiferv, e dut of with provis	2. Ra	ce or Color, (if not of the white race) white
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praction it sha in th compl be rec	5. Ful	A Name of Mother, Ale De UBendy
of the or	6. Mol	her's Maiden Name,
nysicia There there of II offen fo	7. Mot	her's Birthplace, Bohainney
to the offa planting since of a planting since of the case of the	8. Ful	t Name of Father, Just for Bendy
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t the title modern the title to the title title to the title titl	Na	ne of Medical Attendant, or other person who Marty from the
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F	RETURN	OF A	BIRTH ALDIGA
To the Office	of Registrar of Vi	al Statistics, Board	of Health, Baltimore City.

No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.) 19
1. Sex, (state whether mate or femate) Male
2. Race or Cotor, (if not of the white race) . Lolerd
3. Inte of Birth, reflexibes the 9 1893,1
4. Place of Birth, (Street and Kumber) - Care to 114
5. Full Name of Mother, Mary Spanis
6. Mother's Maiden Name, Mary dairs
7. Mother's Birthplace, Mehrning anginger
8. Full Name of Father, ram davis
9. Father's Occupation & plating
10. Father's Birthplace, Hent irleland
Name of Medical Allendant, or other person who want ah Jane Mily in
Address, 124 Sheen st
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he former oner full as o	3. Date of Birth. Seff 8 13/5
mined in the mined in the mines in the mines on the mines in the mines	4. Place of Birth, (Street and Number) I ME have 9/1
the with the with which will have be completed by the control of t	5. Full Name of Mother, Morey Rahmales
cornelling to the process of the pro	6. Mother's Maiden Name,
mand and a second and a second	7. Mother's Birthplace, Boharmer
marker in a list in a list in the list in	8. Full Name of Father, July Kafra Week
an and an	9. Falher's Occupation Utys
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these of the section	Name of Medical Altendant, or other person who Mary Koft to
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RETURN OF A BIRTH. L01642/4

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No. of Chitd of Mother, (state whether 1st, 2d, 3d, de.)
1. Sex. (state whether mate or femate)
2. Race or Cotor, (if not of the white race)
3. Date of Birth. September & The
4. Place of Birth, (Street and Number) 129 Base And
5. Full Name of Mother. Charles of Energy
6. Mother's Maiden Name, Mazi Stheselts
7. Mother's Birthplace. But timos
8. Full Name of Father, Charles inchour
9. Father's Occupation Laborar
10. Father's Birthplace, Baflernon
Name of Medical Attendant, or other person who the the the
Address. 2/6 Parkin
Remarks,

RETURN OF A BIRTH ALDIGAS

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex. (state whether male or female) Andil
2.	Race or Color, (if not of the white race)
3.	Date of Birth, sont 7/793
4.	Place of Birth, (Street and Number) 227 to and with
5.	Full Name of Mother, land Adolhan
6.	Mother's Maiden Name, Losse Proper
7.	Mother's Birthplace, Ballinore Ind,
8.	Full Name of Father, de hards doction
9.	Father's Occupation, Abla
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who Problem & Commission of Medical Attendant, or other person who
	Address, 327 Samuelo sto
	Remarks,

ships in write a time and some of each in sort but care during in a certain line and in a certain line and place of brith; and if the certain certain case the brith of any thin is a line see the brith of any thin is stored above required, and the person or parents of such section shall be suit and forfeitures are recoverable.	
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A the solutions shall contain a list of the brishs which have occurred in and shall set forth as far as the same can be ascertified the full name of outbriefs its sex, color the full mone and occupation of its parents, the distributions shall be delivered, duly signed by the practitioner in the form of a leay of each and every month to the office of the Commissioner of Health, cour a plout the intendence of a physician or practioner of midwifery, or nice apout the mother, innerdiately hereafter it shall become the day of report its birth to the Commissioner of Health, in the manner and within the person of persons who shall hereafter it shall become the day of report its birth to the Commissioner of Health, in the manner and within the person of persons who shall hereafter fail to comply with the provision to the fine of ten thy dollars for each offence, to be recovered as other fines.	2. Race or Cotor.
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it shall become the lith, in the manner and to comply with the to be recovered as or.	4. Place of Birth.
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irs for each	9. Father's Occup
	10. Father's Birth
	Name of Medic
	Address,
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RETURN OF A BIRTH. L01644

Vo	of Chitd of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex. (state whether mate or female) Boy
2.	Race or Color. (if not of the white race) white
3.	Date of Birth. Sept 11893
4.	Place of Birth, (Street and Number) & Corne # 923
ō.	Full Name of Mother, Mary Lautors
6,	Mother's Maiden Name,
7.	Mother's Birthplace, Bot aire
S.	Full Name of Father, Joseph & ando 2
).	Father's Occupation Color
).	Father's Birthplace, Bohnama
	Name of Medical Attendant, or other person who makes this Return.
	Address, Weshing General
	Remarks,

- 1. - 11° -

RETURN OF A BIRTH. LO1645 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No	of Chitd of Mother, (state whether 1st, 2d, 3d, de.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number) 16/2
õ.	Full Name of Mother, Caroling Single
6.	Mother's Maiden Name, 6 archi.
7.	Mother's Birthplace, Land
8.	Full Name of Father, Bangara
9.	Father's Occupation Shoe Benisher
0.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address, 1600 de 6 hester st new
	Remarks,

Vn., ; C. Dulany Co., City Printers and Stationers.

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	RETURN OF A BIRTHAL
	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore
Ne	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex. (state whether male or female) Bo-
2.	Race or Color. (if not of the white race) white
	Date of Birth. Sefel 6 1893
	Place of Birth, (Street and Number) I allows of 1808
	Full Name of Mother, Mary Minor
	Mother's Maiden Name,
7.	Mother's Birthplace, To The My
8.	Full Name of Father, Flois Abinoy
9.	Father's Occupation Leller
10.	Father's Birthplace, Townsey
	Name of Medical Allendant, or other person who Marty Bolling
	Address. Walling to
	Remarks.

RETURN OF A BIRTH. 101647

No	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether mate or female) Boy
2.	Race or Color. (if not of the white race) white
3.	Date of Birth. Seth 5 18 73
4.	Place of Birth, (Street and Number) 2 afre 1936
5.	Full Name of Mother, Maggie Panafar
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Treumen
8.	Full Name of Father, Jonnas, Jansley
9.	Father's Occupation / Taloy
10.	Father's Birthplace, Dremmer
	Name of Medical Attendant, or other person who makes this Return,
	Address. Wahata 2005
	Remarks,

لي بلاي المان

RETURN OF A BIRTH.

L01648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

110.	of United of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female).
	Race or Color, (if not of the white race)
3.	Date of Birth. 1873 Dente
	Place of Birth, (Street and Number) 8 39 23 June att 93 alimnon
	Full Name of Mother.
6.	Mother's Muiden Name, That
7.	Mother's Birthplace, IS a Univale
8.	Full Name of Father,
9.	Father's Occupation & Labor
0,	Father's Birthplace, 93 Att.
	Name of Medical Attendant, or other person who have the Return
	Address. 23 11 Declared
	Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

document.

RETURN OF A BIRTH. AL01649

	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female) temale
2.	Race or Color, (if not of the white race) Blacket
3.	Date of Birth, Systember 5, 93,
4.	Place of Birth, (Street and Number) Balty Mr. Harfow Road 10
	Full Name of Mother, Dora Hermine Magralen Hert
6.	Mother's Maiden Name, Memine
7.	Mother's Birthplace, Oremerhaven, Sermany,
8.	Full Name of Father, William anries Friend Hell
9,	Father's Occupation Clark of Fred Walfert's K. Co. Thair Factor
10.	Fother's Birthplace, Polanty (Suchsen) Germany
	Name of Medical Attendant, or other person who Mass Elias
	Address, 1242 M- Elvryst Palto MV.
	Remarks, 1475
	Tremer us,

L. Jaca

RETURN OF A BIRTH. ALO1650

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether mate or female) DOZ
2.	Ruce or Cotor, if not of the white race) white
3.	Date of Birth. Sept 4 1893
4.	Place of Birth, (Street and Number) offacts Offorthing to
5.	Full Name of Mother, Ollary Jurio
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Bohain
8.	Full Name of Father, Joseph Janon
9.	Father's Occupation Leloly
10.	Father's Birthplace, Bolisiers
	Name of Medical Attendant, or other person who florey / Scalation
	Address. (Poshigher cos
	Remarks,

RETURN OF A BIRTH. L01651

140	of Unita of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female) Male
2.	Race or Color, (if not of the white race)
3.	Date of Birth, Sept- 3rd/93
4.	Place of Birth. (Street and Number) # Jaffe.
	Full Name of Mother, Malinda Poldis
6.	Mother's Maiden Name, Malinda Cauphor
7.	Mother's Birthplace. Cafverlow Balo Co
8.	Full Name of Father, Philip Rolding
9.	Father's Occupation. Farmer
10.	Father's Birthplace, Balto City
	Name of Medical Attendant, or other person who makes this Return,
	Address, 1302 Vremmen 21
	Remarks,

RETURN OF A BIR	TH.A 201652
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No	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether mate or female) Ferrecele
2.	Race or Color, (if not of the white race). It frice
33,	Date of Birth, Sept. 3
4.	Place of Birth, (Street and Number) Thanks V8 16 35
5,	Full Name of Mother, Josephine Riveava
6.	Mother's Maiden Name, 11 Shemine ha
	Mother's Birthplace, Do Cand
	Full Name of Father Stantislans Manear
9.	Father's Occupation Palace
10.	Father's Birthplace, Polande
	Name of Medical Allendant, or other person who Mounty My de La
	Address. 6 2 %. Boull &c
	Remarks,

RETURN OF A BIRTH. L01653

1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) With
3.	Date of Birth. 3 low Sey Lawber 1899
4.	Place of Birth, (Street and Number) Hiel Stole 201
5.	Full Name of Mother, Ina Legalen wiesler
	Mother's Maiden Name, Bost
7.	Mother's Birthplace, Ballineon,
	Full Name of Father, Moles Scholawiester
	Father's Occupation Boiles
	Futher's Birthplace, Germanien
	Name of Medical Attendant, or other person who makes this Return.
	Address, Francline Shrway Int Ely de 474
	Remarks,

a water or their

RETURN OF A BIRTH. L01654

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No	of Child of Mother, (state whether 1st. 2d. 3d, &c.)
1,	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Date of Birth, Soften day 3 th 18
4.	Place of Birth, (Street and Number)
õ.	Full Name of Mother, Course Burely
	Mother's Maiden Name. 112111 Effer
7.	Mother's Birthplace, Hunderick
8.	Full Name of Father, Superice Builty
9.	Full Name of Father, Squal Barely Father's Occupation, Hereman
	Father's Birthplace, Herederick
	Name of Medical Attendant, or other person who fatherine theren.
	Address, 1917 Byrd St

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTHA 101655

Vo	of Chitd of Mother, (state whether 1st, 2d, 3d, &g.)
1.	Sex. (state whether male or female) ellalcher
2.	Race or Color. (if not of the white race) Hite
3.	Date of Birth. I lan Seglember 1893
	Place of Birth. (Street and Number) William Hele 194
5.	Full Name of Mother, Salea Thrumellein
6,	Mother's Maiden Name, Schooly
	Mother's Birthplace, Germanie
8.	Futt Name of Father, Levell Sine wellein
Э.	Father's Occupation Wall Manu
),	Father's Birthplace, germanies
	Name of Medical Attendant, or other person who makes this Return
	Address, Fastine Throng Jed Ely Mygg
	Remarks,

This schedule shall content a tist of the shall begin the service present practical middle who they consider you will be shall self-or shall cutter that the shall be
RETURN OF A BIRTH. 201656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

.1.	Sex, (state whether male or female)	persole
2.	Race or Color, (if not of the white race)	white
3.	Date of Birth,	2. Lestemeer 1893
	Place of Birth, (Street and Number)	1 110
5.	Full Name of Mother,	Ame Mounih
	Mother's Maiden Name,	" Frank
7.	Mother's Birthplace,	Germany
	Full Name of Father,	.//./
9.	Father's Occupation	Lorbour
0.	Father's Birthplace,	Germany,
	Name of Medical Attendant, or other person who makes this Return,	Buffirme My
	Address, Hall st 1331	
	Remarks,	

vent. . C. Dulany Co., City Printers and Stationers.

RETURN	OF	A	BIRTH.	L01657
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No	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st
1.	Sex. (state whether mate or female) make
2.	Race or Cotor, (if not of the white race) white
3.	Date of Birth. September 1st 1893
	Place of Birth, (Street and Number) 29 Meyler Str
5.	Full Name of Mother, Saube Theresews 184
6.	Mother's Maiden Name,
7.	Mother's Birthplace, Surveye
8.	Full Name of Father, Almaham Theresensky
	Father's Occupation
10.	Father's Birthplace, Europe
	Name of Medical Attendant, or other person who Mrs Cacilie Steiner
	Address. 122 S. Exeterity
	Remarks,
•••••	

Wm. j. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. AL01658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SPLEAT FERRE		11
his of hi	No	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Ch
Hope har had a deline		
the of the or of	1.	Sex. (state whether mate or femate) geniale
Printer Breese	77.	De distribution of the state of
wife of Hero	2.	Race or Cotor, (if not of the white race) white
ot be a got of a second	")	Date of Birth. September 1 st 1893
THE PLANT OF THE PARTY OF THE P	.),	mile of Birth. Oxforence 1010
of its of its of its of its of its of its insign	4.	Place of Birth. (Street and Number) 206 S. Hoigh Atr
CON THE PROPERTY OF THE PROPER		
his she re	ā,	Full Name of Mother, Goldie Cohn
TE STATE OF THE ST	6	Mother's Maiden Name,
Egille He		23 vent, " Patricum, " " "
ther offer of the control of the con	7.	Mother's Birthplace. 6 unuple
the	8	Full Name of Father, Tolias Cohn
TEST OF THE	· ·	The frame of father,
onth on the state of the state	9.	Father's Occupation Sarkor
5551551515151		£
the tree of the tr	10.	Father's Birthplace, Gungue
So to		in Si
cer the best best best best best best best bes		Name of Medical Allendant, or other person who May lacilie Steiner
Series de la company de la com		
the state of the s		Address. 122 S. Exeter Str
Por N N N N N N N N N N N N N N N N N N N		
o Hree		Remarks,
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Heart See of the see o	******	

Wm. j. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A L01659

No. of Child of Mother, (state whether 1st, 2d, 3d,	do.) 1 st & field
1. Sex, (state whether male or female)	
2. Race or Color, (if not of the white race)	A
3. Date of Birth,	Dehlem/3/30.1893
4. Place of Birth. (Street and Number)	1619 Pare Street
5. Fult Name of Mother,	/
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Ballings
8. Futt Name of Father,	Sparker V. Nohl
9. Father's Occupation	Glass- Maries
10. Father's Birthplace,	To De mar
Name of Medical Attendant, or other person who makes this Return.	Im, A. Casher
Address,	1
Remarks,	

RETURN	OIS			
RETURN	OF	A	BIRTH.	L01660

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) would bhild

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sef 27 (\$73.

4. Place of Birth, (Street and Number) 3216 Hostlington are

5. Full Name of Mother, Chyaleth pindle

6. Mother's Maiden Name, blasabeth Publicary

7. Mother's Birthplace, Officer Michael Corroll Co

8. Full Name of Father, Nucleian himble

9. Father's Occupation Expression who Medical Attendant, or other person who Main of Medical Attendant, makes this Return. Miss this Return.

10. Father's Birthplace, Officer Reson who Medical Attendant, or other person who Medical Attendant, makes this Return. Miss film Return.

11. Remarks, Remarks,

Wm. ; C. Dulany Co., City Printers and Stationers.

RETURN	OF	A	BIRTH.	L0166
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether mate or female). Temale
2. Race or Color, (if not of the white race) White
3. Date of Birth. 27 September 1893
4. Place of Birth. (Street and Number) Chafel of 1324
5. Full Name of Mother, Mari Iblad
6. Mother's Maiden Name, Mari Thuleshova
7. Mother's Birthplace, Sohimen Evrope
8. Full Name of Father, Jan Chlas
9. Father's Occupation Thailor
10. Father's Birthplace, Bohimen Errepo
Name of Medical Attendant, or other person who Alloisid Lia toria
Address. 1010 Furfiam st
Remarks,
4

RETURN OF A BIRTH. L01662

1.	Sex, (state whether mate or female)
æ.	nace or Cotor, (if not of the white race)
•).	Date of Birth.
4.	Place of Birth. (Street and Number)
6.	Mother's Maiden Name,
	4
9.	Father's Occupation (5) (2) (1)
10.	Father's Birthptace, Name of Medical Attendant or other person who
	Name of Medical Attendant, or other person who makes this Return.
	Address, Remarks
	Remarks,

R	ETURN	OF	A	BIRTH	L0166
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No. of Chitd of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex. (state whether mate or femate)
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 de 11 1800
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthptace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthptace,
Name of Medical Attendant, or other person who makes this Return.
Address.
Remarks,

 w_{10} , J , C_{\ast} Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. L01664

1	Sex, (state whether male or femate)
~	nace of Color, (if not of the white race)
:3.	Date of Birth.
4.	Place of Birth, (Street and Number)
5.	Hull Name of Mother,
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
	Mother's Birthplace, Full Name of Father, Father's Occupation
0.	Father's Occupation Father's Birthplace, Name of Medical Attendant, or other person who
	makes this Return
	Address.
	Remarks,

ADDIVAL REPRESE A BUILDING

RETURN OF A BIRTH. L01665 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex, (state whether mule or female) Boy
- 2. Race or Color, (if not of the white race) Colord
- 3. Date of Birth. September 8 1893
- 4. Place of Birth, (Street and Number) Cross of 7 5. Full Name of Mother, Och tory Ovenson
- 6. Mother's Maiden Name, Vyctory Imother
- 7. Mother's Birthplace, Calerle Co
- 8. Full Name of Father, Williams Roberson
- 9. Father's Occupation, Cart Lings
- 10. Father's Birthplace, Commia Name of Medical Attendant, or other person who Mary makes this Return, Address, Holl Wyork Sty

Remarks.

RETURN OF A BIRTHA LO1666

No. of Chitd of Molher, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (slate whether mate or femate)	
2. Race or Color, (if not of the white race)	
3. Date of Birth, Qlefifa 30	
1. Place of Birth. (Street and Number) 238 Carlon	•
5. Futt Name of Mother, Ause Tops help	******
Molher's Maiden Name,	
. Mother's Birthplace. Believe	
Futt Name of Father, Ifauth Reches	****
. Father's Occupation 1 hoce weeker	****
. Father's Birthplace, Sofe Litte	
Name of Medical Attendant, or other person who makes this Return. All 1 May Kouf and	
Address. 112 Cc 11	*****
Remarks,	

DIME				
RETURN	OF	A	BIRTH.	L01667

	Sex. (state whether male or female) mule
2.	Race or Color, (if not of the white race).
	Dale of Birth. 30th Contember
4.	Place of Birth, (Street and Number). 9024 65
5.	Full Name of Mother, Abrs of one Farence
	Molher's Maiden Name, Rossen, nat
	Wallow's D'all
8.	Full Name of Father, Alt Johan Berner
).	Father's Occupation La Cyrece
).	Father's Birthplace, Bellenny
	Name of Medical Attendant, or other person who
	Address. 1225 Some Ot.
1	Remarks,

RETURN	OF	A	BIRTH.	L01668
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female). Alake	
2. Race or Color, (if not of the white race)	******
3. Date of Birth, 30 4 Spice 1899	000 0 000 talling at \$600 000 000 0 tall from 1 to 9 talling
4. Place of Birth, (Street and Number) 110 Started Acoust	***********
5. Full Name of Mother, Laure Brank Anna	ø
6. Mother's Maiden Name, Sand Bloman	*************************
7. Mother's Birthplace, On Many	
8. Full Name of Father, A last Brank	
9. Father's Occupation Buffer Brewer	***********************
10. Father's Birthplace, Onne	****
Name of Medical Attendant, or other person who	*************
Address, 1600 the 6 hester at Belair It	***************************************
Remarks,	

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	nothing to make A by the proper consists and cornward that every percent consists and a long to the constraint of the co	said schedule will is sex, color, the fail name and occupation of its porters in mater this or ter care during the third day of each child, if any shall be the shall be delivered duly signed by the practiconer in the form of a cach child, if any shall have shall occur without the annotate to the office of the Commissioner in the form of a certificate between the attendance alternation of a bright and the attendance of a physician or practico.	child to report its birth to the Commissioner of Health, in the manner and within the person or persons who shall become the duty of the person or persons who shall hereafter fail to comply with the person or persons or parents of such jected to the fine of ten (49) dollars for each offence, no formula the persons who shall hereafter fail to comply with the persons of parents of such a contract of the fine of ten (49) dollars for each offence, no formula the provisions of this each offence, and	Sub	
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RETURN OF A BIRTH L01669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex. (state whether mate or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Con Internal Control
6. Mother's Maiden Name, (Ina Sumle
i. Mother's Birthplace, Batta
8. Full Name of Father, Charist Guntin
9. Father's trecupation But to her
10. Father's Birthplace, Simulay
Name of Medical Attendant, or other person who makes this Return, filler &
Address.
Remarks, Ile &

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH L01670

]	1. Sex, (state whether makes a contract of the state of t
-	2. Race or Color, (if not of the white race)
3	Date of Birth, Street and Number) 914 Clifton Place City Full Name of Mother, Man Mhe estela Coal
4	Place of Birth, (Street and Number) 914 Clifton Place
6.	Full Name of Mother, Mache Mhe Estela Cooker City Mother's Maiden Name
7.	Mother's Birthman
0.	That Name of Father, Chex Des 1
	Coalth me.
	The state of the s
	makes this Return. Mar. of
	Remarks, 114 - Chifton Plack City

FA	BIRTH.
	FA

L01671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, de.)
1. Sex. (state whether mate or female)
2. Race or Color (if and e t)
2 Data A Data
4. Place of Birth, (Street and Number) 3043 Elliott st
i Dull a
6. Mother's Maiden Name, Rose Anna 1/2 Clean 7. Mother's Birtholage
7. Mother's Birthplace, Lie Canil
8. Full Name of Father, Churles W Mis Coleans
9. Father's Occupation Low Moulder
Name of Medical VII
Name of Medical Attendant, or other person who makes this Return.
Address, OE.
Remarks,

Wm. j. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. L01672

2.	. Sex, (state whether male or female)	
3.	. Race or Cotor. (if not of the white race) Date of Birth,	
4.	Date of Birth. (Street and Number)	4 5
5.	Full Name of Mother,	7
	" Hamen Dame,	
7.	Mother's Birthptace,	
8.	Full Name of Father,	A
9.	Father's Occupation	*
10,	Father's Birthptace,	, 4
	Name of Medical Attendant, or other person who had	11
	Address. S. C. L. C.	, lugueli
	Remarks,	Custual ()

	RETURN OF A B	
	To the Office of Registrar of Vital Statistics, Board of	Health, Baltimore C
No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1.	Sex, (state whether male or femate)	7,
2.	Race or Color, (if not of the white race)	6-1-
3.	Date of Birth. Sint S	28
4.	Place of Birth, (Street and Number) Hall (123
ā	Full Name of Wother Anda !	

le Lhii 28 6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, Vincent Navislai 9. Father's Occupation..... Lalover 10. Father's Birthplace, Doland Name of Medical Attendant, or other person who Makes this Return Makes this Return Round R

Remarks. ...

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RETURN OF A BIRTH. L01674

N of Por	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
nes 1	. Sex, (state whether male or female) Peale
	. Race or Color, (if not of the white race) Zel Ward
SE 3	Date of Birth, Seleton Ros Af 1
4.	Place of Birth, (Street and Number) 3/2 Rase Start
5.	Full Name of Mother, Richard Giftel
99 6.	Mother's Maiden Name, A Chalul Turnels
7.	Mother's Birthplace, and Lander P. And
8.	Full Name of Father, William Just
2 9.	Father's Occupation Charles
10.	Father's Birthplace, Leaffard, Carine Ind
l ten	Name of Medical Atlendant, or other person who Lucy Cassist
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	Remarks,
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RETURN	OF	A	BIRTH.	L01675
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oceration of the part of the p	6. Mother's Maiden Name,
the sun of	7. Mother's Birthplace,
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RETURN OF A BIRTHAL01676

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4. J	race or Color, (if not of the white me	· · · ·	
is. 1	rate of Birth,	94	14-14001
4. 1	Place of Birth, (Street and Number)	16' 24 Ba	1073
5. F	full Name of Mother,	Kut. HI	M. S.
6. M	fother's Maiden Name,	and hall had had a	Bhberregen
1	Other's Birthplane		1.
	nee Dame of Father.	1100	
9. Fe	ather's Occupation	Carly S.	erellinge
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RETURN OF A BIRTH. L01677

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether mate or female) Male
2. Race or Color, (if not of the white race) White -
3. Date of Birth, A Ch 23 1893
4. Place of Birth, (Street and Number) 828 6 mg (
5. Full Name of Mother, Sola Bakuges
6. Mother's Maiden Name, Ida Asan
7. Mother's Birthplace, Butto
8. Full Name of Father, I hasles Bulling
9. Father's Occupation Safter
10. Father's Birthplace, Balt
Name of Medical Attendant, or other person who makes this Return.
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RETURN OF A BIRTH L01678

2 10	of Child of Mother, (state whether 1st, 2d, 3d, de.)
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2.	Race or Cotor, (if not of the white race)
3.	Date of Birth,
4.	Place of Birth, (Street and Number) 4 6 3 2
5.	Full Name of Mother,
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
8.	Pace Name of Pather,
9.	Father's Occupation, Black
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return.
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RETURN	OF	A	BIRTH.
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L01679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1. Sex, (state whether mate or female).	Male
2. Race or Color, (if not of the white race).	/
3. Date of Birth,	Mhile
4. Place of Birth, (Street and Number)	Lyth Systember.
5. Full Name of Mother,	Eller Richer
6. Mother's Maiden Name,	
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8. Full Name of Father,	Bullis vore
9. Father's Occupation	Paul Secifer.
10. Father's Birthplace,	
Name of Medical Atlendant, or other person who makes this Return,	Bullin ,
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ame of Medical Atlendant, or other person who Alex D. Liers !!
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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sec. (state whether mate or female).
2. Race or Color, (if not of the white race)
3. Date of Birth. 23 th Sent.
4. Place of Birth, (Street and Number) 1233 House of
5. Full Name of Mother, offis Johana Pase's Ra
6. Mother's Maiden Name, Katse le
7. Mother's Birthplace, Germany,
8. Full Name of Father, Not of celact Pase See
9. Faller's Occupation Laboret
10. Falher's Birthplace, Governo
Name of Medical Allendant, or other person who makes this Return
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RETURN OF A BIRTH A 101682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. Sex. (state whether male or female) male

2. Race or Color. (if not of the white race) white

3. Date of Birth. 23. Sept 3 40 Afternoon. 1893

4. Place of Birth. (Street and Number) Baltimorth 10. 9 to.

5. Full Name of Mother. Anna Misabeth

6. Mother's Maiden Name. Mejer.

7. Mother's Birthplace. 21 to the lyin - hew fork.

8. Full Name of Father, It has thelm editiniese.

9. Father's Occupation. My shins of.

10. Father's Birthplace. 2 urg. a. Thee Par. Lachsen, Germany.

Name of Medical Attendant, or other person who makes this return.

Address. Mr. M. Kanne 120 h. Frem out Low...

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RETURN OF A BIRTHA LO1683

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nes a	1.	Sex, (state whether male or female)
ther f	2.	Race or Color, (if not of the white race)
ed as o	3.	Date of Birth, 12 September 18/3
covere	4.	Place of Birth, (Street and Number)
be re	5.	Full Name of Mother, Henry 11 4 11
use, to	6.	Mother's Maiden Name, Harristha School
n offer	7.	Mother's Birthplace, Ballemon If
or eac	8.	Full Name of Father, John . Telfunfle
041613	9.	Father's Occupation, Kan makes
(01)	10.	Father's Birthplace, Life men 11
		Name of Medical Attendant, or other person who makes this Return.
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RETURN	OF	A	BIRTH

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2. Race or Color, (if not of the white race).	white
3. Date of Birth,	20 11 11 1
4. Place of Birth, (Street and Number) 1/6	Edison all
5. Full Name of Mother, Jake J	11116
6. Mother's Maiden Name, Lo	1166
7. Mother's Birthplace,	(10011/1001)
8. Full Name of Father, Charges &	Lorrah
9. Father's Occupation.	eber :
0. Father's Birthplace,	Comment
Name of Medical Attendant, or other person who	Friedericke Heile
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RETURN OF A BIRTH. AL01687

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether mate or female) for all
2. Race or Cotor, (if not of the white race) 1496
3. Date of Birth, 18
4. Place of Birth, (Street and Number) Ballings 9 6 906
Troublet, Organist to Oliver
6. Mother's Maiden Name, Carrie le Com 82
7. Mother's Birthplace, Qua and
8. Full Name of Father, Olives of the 168
9. Father's Occupation Lating
10. Father's Birthplace, Mary Como
Name of Medical Attendant, or other person who makes this Return,
Address, Chan Albary 1
Remarks. 731 burk Bry of

said schedule shall be delivered, data signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child extended the action of a physician or practioner of indivitery, or should no other person be attended to the Commissioner of the Commissioner of the control of the contr

RETURN	OF A BIRTHALO168
ce of Registrar of Vital	Statistics Roard of Hoolth Politics and

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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1. Sex, (state whether mate or female). Jemale
2. Race or Color, (if not of the white com)
3. Date of Birth 1003
4. Place of Birth, (Street and Number) 1008 Proces (1)
5. Full Name of Mother, Margareh Callen
6. Mother's Maiden Name, Margareh Golaw
7. Mother's Birthplace, Irland
8. Full Name of Father, John Sahan
9. Father's Occupation
10. Father's Birthplace, Jenus Balla Co
Name of Medical Allendant, or other person who makes this Return
Address, SS 9 July 1008 Price Plan
Remarks,

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RETURN	OF	A	BIRTH.	L01689

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anne came came came came came came came cam	7.	Mother's Birthplace,
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RETURN	OF	A	BIRTHA	iner

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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	Date of Birth, JEAL 14,
	Place of Birth, (Street and Number) 10 M. Pophleton this
5.	Full Name of Mother, This Morread
6.	Mother's Maiden Name,
	Mother's Birthplace,
	Full Name of Father,
	Father's Occupation
	Father's Birthplace,
	Name of Medical Attendant or other posson who
	Address, Will Comband Uni
	Remarks,

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RETURN OF A BIRTH. A CO1691

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the full d.dul month lance immed Comm	9. Father's Occupation - Shoe Makon
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RETURN OF A BIRTH.

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	Sex. (state whether mate or female)
2.	Race or Color, (if not of the while race) white
3.	Race or Cotor, (if not of the white race) white Date of Birth. Sopt 6-13181893
4.	Place of Birth. (Street and Number) 1927 africe anna 81
5	Full Name of Mother, Antonia Dudziewski
6.	Mother's Maiden Name, Driednic
7.	Mother's Birthplace, Poland
8	Full Name of Father, John Dudgiew thi
9.	Father's Occupation Latorer
10.	Father's Birthplace, Poland
	Name of Medical Allendant, or other person who makes this Return. There of Cole
	Address, 838 . S. Bond St
2	Address, 838 S. Bond St.

RETURN	OF	A	BIRTH

L01693

No. of Child of Mother, (state whether 1st, 2d, :	3d, de.)
1. Sex. (state whether mate or female)	mile
2. Race or Color, (if not of the white race).	white
3. Date of Birth,	11 11 11 4
4. Place of Birth, (Street and Number) 17	34 Frederick chara
5. Full Name of Mother, Butto	i Schoon Bires
6. Mother's Maiden Name, Bertha	Jatonsk,
7. Mother's Birthplace, 4.2.22	recrus
	electricis .
9. Father's Occupation Fer	iler
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	& New Prutt
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RETURN OF A BIRTH AL01694

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1	. Sex, (state whether male or female) Male
2	. Race or Color, (if not of the white race) Al Azi te
3	Date of Birth. Septer, les 4 18 98
4	Place of Birth. (Street and Number) Talantal Ilas for
ō.	Full Name of Mother, Land at the
6.	Mother's Maiden Name,
7,	Mother's Birthplace. Ital Leizuce
8.	Full Name of Father, Sand Let of affine
9.	Father's Occupation. Late al
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RETURN OF A BIRTH. L01695

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reate in the full of the full	3. Date of Birth. 26/17-1893
nat even half he half	4. Place of Birth, (Street and Number) 3/6 Se Bothel 1,
uned the state of	5. Full Name of Mother. Prince Truckack
ortain or	6. Mother's Maiden Name, Arumm
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iffery duty	2. Race or Color, (if not of the white race) White:
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of it need	4. Place of Birth, (Street and Number) Butinane Gity 19,16 and
ctition etition raction raction in the	5. Full Name of Mother, Maggie, Jane, Warshall.
be as composite to the state of	6. Mother's Maiden Name, Maggie 'Sant . Soll
the control of the co	manden Name, Maggar. Vant. And
the and the ser of the	7. Mother's Birthplace, Lunde, Statland.
he sa signe signe to the of a p rately rately signe here	8. Full Name of Father, Frank B. Hamkoff.
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RETURN OF A BIRTH. L01697 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether mate or female) 2. Race or Cotor, if not of the white race) - p 3. Date of Birth, 4. Place of Birth, (Street and Number) 119 Preten St. 5. Futt Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace,..... 8. Futt Name of Father, 9. Father's Occupation 10. Father's Birthplace, Name of Medical Attendant of other person who Remarks.

RETURN OF A BIRTH. L01698

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	's Maiden Name,	11	Kinn	
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RETURN OF A BIRTHA LO1700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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oner francisconer and the the las of	3.	Date of Birth, Sep 2, 1893
missi mer o il becc e man y wit	4.	Place of Birth, (Street and Number) 406 6 astulow Ave
practic practic it shall in th compl	5,	Full Name of Mother, Steflen Roll,
earth, or the cart to the cart	6,	Mother's Maiden Name, Stellen Cahene.
omco yesicia there: r of H fter fa	7.	Mother's Birthplace, Ballo
of a phintely sintely bereatherest	8.	Full Name of Father, Joseph Ron
nnce o numed ommis shall ars for	9.	Father's Occupation & glos
ttend her, in the C is who	10.	Father's Birthplace, Octo
the and inth to person ten (1		Name of Medical Attendant, or other person who
ithout sou th tits bi		Address, J24 Canton St.
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RETURN OF A BIRTH:-L01701

No	of Child of Mother, (state whether 1st, 2d, 3d, &c)
1.	Sex, (state whether mate or female) finalz
	Race or Color, (if not of the white face) _ Colord.
	Date of Birth, SEAL 1"
4.	Place of Birth, (Street and Number) 605 / Torm one Lant
	Will Name of Mother, Sarah Councient
	Mother's Maiden Name,
	Mother's Birthplace,
	Full Name of Father,
	Falher's Occupation
0.	Father's Birthplace, — 011
	Name of Medical Allendant, or the person who
	Address, 62 / Combany 11-1
	Remarks,

RETURN OF A BIRTH LO1702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. of Chica of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female) Marke.	
2. Race or Color, (if not of the white race)	
3. Date of Birth, September 1 18 42	
4. Place of Birth, (Street and Number) 8,66, Hoursel ST	
5. Full Name of Mother, Theresa Schmiling.	
6. Mother's Maiden Name, Therene Myers	******
7. Mother's Birthplace, But in the	*****
8. Full Name of Father, Offerente Schemailing	
9. Father's Occupation, Lessbock	
10. Father's Birthplace, Bullimys	
Name of Medical Attendant, or other person who makes this Return.	******
Address, Wide There Wille	
Remarks, Los 538. Biddle alles	

WM. J. C. DULANY & OO , CITY PRINTERS AND STATIONER

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RETURN	OF	\mathbf{A}	BIRTH.	L01703

1.	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
3.	Dale of Birth,
4.	Place of Birth, (Street and Number) 5 078. Cleanent St
	Full Name of Mother, Christine Gurney
	Molher's Maiden Name, Muit
7.	Mother's Birthplace,
	Full Name of Father, Houselison German
	Father's Occupation Laborar
10.	Fulher's Birthplace. Edenton el & Bulting
	Name of Medical Allendant, or other person who caling in bethe person who
	Address, 436 E Flort Berne General
	Remarks,

No. of Child of Mother, (state whether 1 of 2.1 2.1

RETURN OF A BIRTH. LO1704

	18t, 20, 30, de.)
1.	Sex, (state whether mate or female) terrale
2.	Race or Color, (if not of the white race) Ittile
	Date of Birth, Sept. 1, 1893
	Place of Birth, (Street and Number) 115 7r. Lourtand St
š.	Full Name of Mother, Andi
i.	Mother's Maiden Name,
	Mother's Birthplace, Wid
	Full Name of Father,
	Father's Occupation
	Father's Birthplace,
	Name of Medical Attendant, or other person who has I hun
	Address, 115 W. Lowtend)
	Remarks,

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to the control of the	To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Keepy the control of	
the per per per per per per per per per pe	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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ereally the full of miles of m	3. Date of Birth. Sefet 26
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med to the string of the strin	5. Full Name of Mother. Mary & Price
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months of the second of the se	8. Full Name of Father, Included / Dass.
Port sent sent sent sent sent sent sent sen	9. Father's Occupation Manager
shall control of the	10. Father's Birthplace. Her ander
those of the control	Name of Medical Allendant, or other person who makes this Return, La Tolland
meler was and based on the state of the stat	Address, 703 W. Tilmon II
strong and	Remarks,
Baufid regists Realth been to said sc fhird shall uttend uttend uttend to my su ccted u	

RETURN OF A BIRTH LO1706

No. of Child of Mother (state and the 1 of a feet	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female) Lemale	
2. Race or Color, (if not of the white race) Colord	
3. Date of Birth, 26/85	?
4. Place of Birth, (Street and Number) Dollar 1 15	-
5. Full Name of Mother, Inlin Chamber	
6. Mother's Maiden Name, Julia Praise	
7. Mother's Birthplace, Bolk range neck	
8. Full Name of Father, Joshh Chombers	
9. Father's Occupation, lofvers	
10. Father's Birthplace, Back winer nick	
Name &f Medical Attendant, or other person who Hester Hemsle mukes see	20. 4
Aldress, o 3/4 Grants river	
Remarks,	
I I Don must Exerse me for not rending in beer	ley.

RETURN OF A BIRTH. LO1707

of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female) Alanale
Race or Color, (if not of the white race)
Date of Birth. Sofit 25 1893
Place of Birth, (Street and Number)
Full Name of Mother, Annie
Wother's Maiden Name, A mic & Johnson
Tother's Birthplace. Casteria Stante 90
Pull Name of Father, Milliam of Boding
Cather's Occupation. labor
Cather's Birthplace, Eastern Show Or
Tame of Medical Attendant, or other person who Maria Wright
emarks 1018 N Wolf At Balle 3113
emarks,

Wm J C. Imlany Co., City Printers and Stationers.

RETURN OF A BIRTH. LO1708

of the	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
les am	1. Sex, (state whether male or female)
	2. Race or Color, (if not of the white race)
	3. Date of Birth.
	4. Place of Birth. (Street and Number) 1366 Production
	n. Full Name of Mother, Ologen S. Oc. File of Mother
	6. Mother's Maiden Name, of 13 12 of Chay 415
	7. Mother's Birthplace. At Brut 15. Co., And
	8. Full Name of Father, Offices.
	9. Father's Occupation. Our fulle
1	1). Father's Birthplace, Mandonk. Cr. Dy.
	Name of Medical Attendant, or other person who makes this Return.
	Address, 1386 Moodinger St
	Remarks,
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RETURN OF A BIRTH	1. L01709
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether mate or female)
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 25 1893
	Place of Birth. (Street and Number) 1 601116 alle,
5.	Full Name of Mother,
6.	Mother's Maiden Name, 4211111
7.	Mother's Birthplace, Mest Ringer
8.	Full Name of Father, John But for
9.	Father's Occupation Wilking in wilk, Dainy
10.	Father's Birthplace, Anederanic (00 mg
	Name of Medical Attendant, or other person who makes this Return.
	Address, 955 Comel Alle,
	Remortes,
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Wm. J. C. Dulany Co., City Printers and Stationers.

#### RETURN OF A BIRTH. LOITIO

2. Race or Cotor, (if not of the white race).	09/4
3. Date of Birth,	9 3 ,
. Place of Birth, (Street and Number)	
Futt Name of Mother,	Allend 6 Lynder
. Mother's Maiden Name,	11 3 5 B
. Mother's Birthplace,	La Lagrison
. Futt Name of Father,	and of Marie
. Father's Occupation	Freeze
. Father's Birthplace,	B. Chisain
Name of Medical Attendant, or other person we makes this Return	no Kalicallical
Address, St.	
Remarks,	

#### RETURN OF A BIRTH. LOI711

No	of Child of Mother, (state whether 1st. 2d. 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race)
	Date of Birth. Isfiterulier 22 th 189
	Place of Birth. (Street and Number 1419 1816in 16
ā.	Full Name of Mother,
6.	Mother's Maiden Name. Mary Proselica
7.	Mother's Birthplace, Bulling
8.	Full Name of Father, Lerrye Elde
9.	Father's Occupation. Egitinet mucher
10.	Father's Birthplace, Ballings
	Name of Medical Attendant, or other person who dellerine Herry
	Address.
	Remarks,

RETURN OF A BIRTHLOI	RETURN	OF	A	BIRTHion
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)	Munh
2. Race or Color, (if not of the white race).	Whih
3. Date of Birth,	dept 22/93
4. Place of Birth, (Street and Number)	1728 5 2012
5. Full Name of Mother,	Korr Kribls
6. Mother's Maiden Name,	" Fillow
7. Mother's Birthplace,	Phrenony
E. Full Name of Father,	John Korble
9. Father's Occupation,	Cejn Hekr.
0. Father's Birthplace,	Bulv
Name of Medical Attendant, or other Person who	Face Glay w U.L.
Address,	
Remarks,	

John Murphy & Co., City Printers and Stationers,

### RETURN OF A BIRTH. ALOI713

1.	. Sex. (state whether mate or female).
2.	Race or Cotor, (if not of the white race)
	Date of Birth.
4,	Place of Birth, (Street and Number) 413 95
5.	Full Name of Mother, farch Beach
6.	Mother's Maiden Name, Jazak James
	Mother's Birthplace,
	Full Name of Father,
9.	Father's Occupation flat was Re
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return, Ala Anga Alaca
	Address,
	Remarks,

#### RETURN OF A BIRTH. L01714

1 toric	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
בא מחל	1. Sex. (state whether mate or female)
107 1011	2. Race or Cotor, (if not of the white race) baland
1000	3. Date of Birth, sefterakes, the 21 1899
	4. Place of Birth, (Street and Number) langaning it 494
	5. Full Name of Mother, warnes Staten
	6. Molher's Maiden Name, commer viris
	7. Mother's Birthplace, Bullines
	8. Full Name of Father, g Safre iain
	9. Father's Occupation Labour
	10. Father's Birthplace, ucst india
	Name of Medical Attendayt, or other person who makes this Return. A A Auch Jane
	Address, 1 10 424 rest Hieres
	Remarks, full 9 months

#### RETURN OF A BIRTH.

L01715

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex. (state whether male or female) Lemel
2. Race or Cotor, (if not of the white race) white
3. Dale of Birth, Leftenber of the 1873
4. Place of Birth. (Street and Number) 12 795 Redich le
5. Full Name of Mother, Lafer
6. Mother's Maiden Name, The Louis
7. Mother's Birthplace, Bollingers
8. Full Name of Father, Charles Lefer
9. Father's Occupation Lucture
10. Falher's Birthplace, Ballinge
Name of Medical Allendanl, or other person who makes this Return.
Address,
Remarks,

#### RETURN OF A BIRTH. A LOITIE

No. of Child of Mother, (state whether 1st, 2d. 3d, &c.) 1. Child Boy  1. Sex, (state whether male or female)  2. Race or Color, (if not of the white race)  3. Date of Birth,  2. Sentember.
・
3. Date of Birth, 20 Sentember
4. Place of Birth, (Street and Number) Cossed street: 01 2234.
5. Full Name of Mother, OSlargovetho Pitancion
6. Mother's Maiden Name, Margaretha Landner
7. Mother's Birthplace, Baltimore:
8. Full Name of Father, Wilhelm Bitmeier
9. Father's Occupation Brow Moulder
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other person who Slerri Floss. Chierrie
Address. Essepestreet N. 2209.
Remarks,

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#### RETURN OF A BIRTH. LOITIT

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1.	Sex, (state whether male or female)
2.	Race or Color, (if not of the white race) It 121 1125 1 - 1666
3	Date of Birth,
4.	Place of Birth. (Street and Number) 30/7, Longston
5.	Full Name of Mother, Chargett Lorraller
6.	Mother's Maiden Name, Bel Harrie
7.	Mother's Birthplace.
8.	Full Name of Father, William Jornalle
9.	Father's Occupation.
10.	Father's Birthplace, Stille, new
	Name of Medical Attendant, or other person who have this Return,
	Address, Stanney st
	Remarks,

### RETURN OF A BIRTH. LOIVIS

1.	. Sex, (state whether male or female)	- Physical
2.	. Race or Color, (if not of the white race) how he	
3.	Date of Birth, September 20th 1893 G. P. M.	*******
4.	Place of Birth, (Street and Number) 213, N. Histh Sh Sh	
5.	Full Name of Mother, Sara Sass	o o Primage
6.	Mother's Maiden Name, Jara Relner	To server
7.	Mother's Birthplace, adunska Mola - Polano i Rusti	
8.	Full Name of Father, Rudwik Lan	
9.	Father's Occupation Sailor	
10.	Father's Birthplace, Louiston Wola - Boland & sti	
	Name of Medical Attendant, or other person who A Phill Elists	
	Address, 230. J. Caroline Els.	******
	Remarks,	

Wm J C. Dulany Co., City Printers and Stationers.

#### RETURN OF A BIRTH LOININ

	Sex, (state whether male or female)
	Race or Color, (if not of the white race)
	Dute of Birth.
4.	Place of Birth. (Street and Number) 7/1 Harland
ñ.	Full Name of Mother,
6.	Mother's Maiden Name.
7.	Mother's Birthplace.
8.	Full Name of Father,
9.	Father's Occupation.
10.	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Return,
	Address.
	Remarks,

#### RETURN OF A BIRTH. L01720

Case per per per per per per per per per pe	No of Child of Mother, (state whether 1st. 2d. 3d. &c.)	
n cer the control of	1. Sex. (state whether male or female) Male	
me dut di wite fire fire fire fire fire fire fire fir	2. Race or Color, (if not of the white race) Light Color	
The form of the fo	3. Date of Birth. 18 Octover 1893	
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ume by ann he be per tithe pr fithe pr minter minter lealth stail t	6. Mother's Maiden Name, E. Dawis	
anne of the control o	7. Mother's Birthplace, Middlesex Co ba.	
the series of a picture of a pi	8. Full Name of Father, Frank Penn,	
far as the ful outh to since o imme cho sh lars fo	9. Father's Occupation, Policy	
th as solor. Hivere ery monther of the cons. Will dol	10. Father's Birthplace, Saint Many County	
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nn, and content d day of ll occur w ndance 1 d to repo	Remarks,	

## RETURN OF A BIRTH. LO1721

# To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether mate or female)	Gernale
2. Race or Color. (if not of the white race)	white
. Date of Birth,	
. Place of Birth, (Street and Number)	July 22 1895 755 12 Houlborn street
. Full Name of Mother,	Katie Seal
. Mother's Maiden Name, .	2
Mother's Birthplace,	R. Schader
Full Name of Father,	Saltinny
Father's (weupation	of a do
Father's Birthplace,	R-11-
Name of Medical Attendant, or other person who makes this Return,	Carie & Pentritura - 11 0
Address,	725 Mulberry Street
Remarks,	The street street

Wm J C. Dulany Co., City Printers and Stationers

## RETURN OF A BIRTH. LOTTER

1.	. Sex, (state whether mate or female) House
2.	Race or Color, (if not of the white race)
3.	Date of Birth. (Cay. 3.1593
4.	Place of Birth, (Street and Number) 1/32 (c. Frenth Come.
	Full Name of Mother, Janualle Smith
6.	Mother's Maiden Name, " Bromust
7.	Mother's Birthplace, Bace ine
8.	Full Name of Father. Prichare M. Jinith Jr.
9.	Father's Occupation Book - Mary
	Father's Birthplace, Bearing,
1	Name of Medical Allendant, or other person who have this Return.
	Address. 112/71'Ca which
	Remarks,

#### RETURN OF A BIRTH. LO1723

No. of Child of Mother, (state whether 1st, 2d, 3d,	de.) 2 red.
1. Sex, (state whether male or female)	Temale
2. Race or Color, (if not of the white race)	Cohite
3. Date of Birth,	apic. 6. 1595
4. Place of Birth, (Street and Number)	1111 11. Beni 31.
5. Full Name of Mother,	Mary Margaret Jang
6. Mother's Maiden Name,	" (Cales
7. Mother's Birthplace,	Back ince.
8. Full Name of Father,	Jone Jos. Tang
9. Father's Occupation	muchant huler
10. Father's Birthplace,	Backerine
Name of Medical Attendant, or other person who makes this Return,	The Martina my.
Address,	1121'M' Caroline SI.
Remarks,	

# RETURN OF A BIRTH. LOTTE

No. of Child of Mother, (state whether 1st, 2d, 3d,	de.) / 51,
1. Sex, (state whether male or female)	Hunale
2. Race or Color, (if not of the white race)	(Critic
3. Date of Birth,	may 21/1591
4. Place of Birth, (Street and Number)	16,6 Barocay 31.
5. Full Name of Mother,	Chuic Manuan Morly
6. Mother's Maiden Name,	" Cache
7. Mother's Birthplace,	Alana (
8. Full Name of Father,	Roca. Tucken nuc.
9. Father's Occupation	Clark
10. Father's Birthplace,	Back incl.
Name of Medical Attendant, or other person who makes this Return,	Ta A Hartman mix,
Address,	1121 n'Caroline SV.
Remarks,	

#### RETURN OF A BIRTH. LO1725

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ultime and school was a shall keep this of this constitution of this of this of this of this defease of this of this	No. of Child of Mother. (state whether 1st, 2d, 3d, de)
nactice by the control of the contro	1. Sex, (state whether male or female). Pemale
rson property of the first property of the dum and with the first provider first	2. Race or Color. (if not of the white ruce) . White
ry he readle days of the first	3. Date of Birth. (Crober 26 - 9.
ant even the control of the control	4. Place of Birth, (Street and Number) 2023 Muna su
med the shrink s	5. Full Name of Mother, Mille Mix
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Enter the series of the series	7. Mother's Birthplace. Dalto. Md .
where the state of a little st	8. Full Name of Father, John Nis
ther contains the far as the far s fa	9. Father's Occupation Forse Nealer
shard share	10. Father's Birthplace, Sermany
ond he charles set for set for set for and le distribution of the man of the	Name of Medical Atlendant, or other person who makes this Return, Plantes H. a. MEyer M.
nder wanter water	Address. 1019 91. Caroline et
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### RETURN OF A BIRTH LOTTE

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	Date of Birth,	Sep. 31. 95
	Place of Birth, (Street and Number)	1213 Euro).
	Full Name of Mother,	Mary Eligh . 61000
	Mother's Maiden Name,	" Barber
	Mother's Birthplace.	Buer. Co. md.
3.	Full Name of Father.	Bryan Y. From
	Father's Occupation	Patrolinan
	Father's Birthplace,	Buch . Co. med,
	Name of Medical Attendant, or other person who makes this Return,	Ter, A. Hastman Mik.
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### RETURN OF A BIRTH. LO1727

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### RETURN OF A BIRTH LOTTES

	Sex. (state whether mate or female). Male
2.	Race or Color, (if not of the white race)
3.	Date of Birth. Osh 29 3
4.	Place of Birth, (Street and Number) 119 Barre By
	Full Name of Mother, Bessie Cohl-
	Mother's Maiden Name, Bearing the Man
7.	Mother's Birthplace, Syrissis
8.	Full Name of Father, Onego Crista
9.	Father's Occupation
10,	Father's Birthplace,
	Name of Medical Attendant, or other person who makes this Redurn,
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RETURN OF A BIRTH LO1729
Office of Registrar of Vital Statistics, Board of Health, Baltimore City
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## RETURN OF A BIRTH LO1730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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#### RETURN OF A BIRTH. 101731

No. of Child of Mother, (state whether 1st, 2d, 3d, o	(c.) 37.
1. Sex, (state whether mate or female).	Tamale
2. Race or Color, (if not of the white race)	Chite
3. Date of Birth,	Jun 23. 1595
4. Place of Birth, (Street and Number)	1605 21. Carolin 51.
5. Full Name of Mother,	Raura l'iginie Mugy
6. Mother's Maiden Name,	" " Tipp
7. Molher's Birthplace,	Balle ind.
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9. Falher's Occupation	marke merchant
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## RETURN OF A BIRTH. 101732

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## RETURN OF A BIRTH. LOTTE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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4. Place of Birth. (Street and Number)	15.3/71. Braicony
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6. Molher's Maiden Name,	" " 'Illa cent Ain
7. Mother's Birthplace,	Barring
8. Full Name of Father,	Thattin E. Nagerman
9. Father's Occupation	Musia Machen
10. Father's Birthplace,	Back 'und
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## RETURN OF A BIRTH 101735

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## RETURN OF A BIRTH. LOIT36.

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4.	Place of Birth, (Street and Number) 322 Jine 12 100
5.	Full Name of Mother,
6.	Mother's Maiden Name,
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8.	Full Name of Father
9.	Full Name of Father,  Father's Occupation
10.	Father's Birthplace,
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	Remarks,

# RETURN OF A BIRTH LO1737

1. Sex, (state whether male or female).	
2. Race or Color, (if not of the white race)	
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3. Full Name of Mother. Thuck of	#
6. Mother's Maiden Name. January And Contact	
i. Mother's Birthplace. 34h	
8. Full Name of Father	
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10. Father's Birthplace,	
Name of Medical Attend	
Address. 1621 Barries 14 Ballhiam Address.	_
Remarks.	

## RETURN OF A BIRTH 101738

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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2. Race or Color. (if not of the white race)_ (Chite
3. Date of Birth.
4. Place of Birth. (Street and Number) 1737 Jauren Fart Car.
5. Full Name of Mother, Chuic Magdaline Rida
6. Mother's Maiden Name, " " Simme
1. Mother's Birthplace
8. Full Name of Father. Chaquestus Coural Rida
9. Father's Occupation Carputer
10. Father's Birthplace. Butter .
Name of Medical Allendant, or other person who makes this Return, Set A Martina 1103,
Address. 1121'11'Garetine 31,
Remarks.

## RETURN OF A BIRTH. LO1739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	, - mormoro ortj.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Finh-
1. Sex, (state whether male or female).	F
2. Race or Color, (if not of the white race)_	- Cunto
3. Date of Dist	2 ruti
4 D1. a.n.	1 29 B
5. Full Name of Mother, K.	ite Perf
6. Molher's Maiden Name,	-4-1
7. Mother's Birthplace	Il CTREL
8. Full Name of Father. Ave.	Selfe any
9. Father's Occupation 21	1 Res
10. Father's Birthplace,	Lin.
Name of Medical Allendant or other person who makes this Return	11 637
Address. Of Make this Return.	MASU
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. LOTTED

2. Race or Color. (if not of the white race)  3. Date of Birth.  4. Place of Birth. (Street and Number)  5. Full Name of Mother,  6. Mother's Maiden Name,  7. Mother's Birthplace.  8. Full Name of Father.  9. Father's Occupation.	1. Sex (state whether 1st, 2d, 3d, &c.)
2. Race or Color, (if not of the white race)  3. Date of Birth,  4. Place of Birth, (Street and Number)  5. Full Name of Mother,  6. Mother's Maiden Name,  7. Mother's Birthplace,  8. Full Name of Father,  9. Father's Occupation  9. Father's Birthplace,  Name of Medical Attendant, or other person who makes this Return,  Address,	1. Sex, (state whether mate or female)
3. Date of Birth,  4. Place of Birth, (Street and Number) 15-3 'I'Chester at  5. Full Name of Mother, 110ggic Lyon  6. Mother's Maiden Name, 110gsr  7. Mother's Birthplace, 110gsr  8. Full Name of Father, 110gsr  9. Father's Occupation 110gsr  11	2. Race or Color, (if not of the sale)
5. Full Name of Mother, 111aggia Lyone 6. Mother's Maiden Name, 111aggia Lyone 7. Mother's Birthplace, Land Mame of Father, 111 Meaned Lyone 9. Father's Occupation Insurance Cyt.  Name of Medical Attendant, or other person who makes this Return, Address, 1131'1' for a finished.	3. Date of Birth.
6. Mother's Maiden Name, 7. Mother's Birthplace, 8. Full Name of Father, 9. Father's Occupation 9. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Address,  110, 110, 110, 110, 110, 110, 110, 11	2 2 tott of Diffly, (Street and No. 7
7. Mother's Birthplace.  8. Full Name of Father.  9. Father's Occupation.  9. Father's Birthplace.  Name of Medical Atlendant, or other person who makes this Return.  Address.	5. Full Name of Mother,
7. Mother's Birthplace.  8. Full Name of Father.  9. Father's Occupation.  9. Father's Birthplace.  Name of Medical Attendant, or other person who makes this Return.  Address.	6. Mother's Maiden Name,
8. Full Name of Father.  9. Father's Occupation.  9. Father's Birthplace.  Name of Medical Attendant, or other person who makes this Return.  Address.	7 11.17 · Die is
9. Father's Occupation Sucurous Coff.  9. Father's Birthplace,  Name of Medical Attendant, or other person who makes this Return,  Address,  112,1166.	8. Full Name of Father,
Name of Medical Atlendant, or other person who makes this Return,  Address,	0 17 17
Address.	O Kallend D. D.
Address,	Name of Medical Attendant, or other person who
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RETURN	OF	A	BIRTH	TOINA
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No. of Child of Mother, (state whether 1st, 2d, 3	3 7d.
1. Sex, (state whether male or female).	Female Male
2. Race or Color, (if not of the white race)_	C'hite
3. Date of Birth,	
4. Place of Birth, (Street and Number)	Cug. 18. 15gs 35 Harper Acad
	Mary Callan Lane
6. Molher's Maiden Name,	" Callage
7. Mother's Birthplace,	Min Ja
8. Full Name of Father,	Bernard Carens Ham
9. Father's Occupation	Commission Merchant
10. Father's Birthplace,	(11)
Name of Medical Allendant, or other person who makes this Return,	Tea A Harman my.
Address.	112/11/ wolin 51,
Remarks,	My Calle St.

## RETURN OF A BIRTH. 101742

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should this of this of this	No. of Child of Molher, (state whether 1st, 2d, 3d, &c.)
practice pra	1. Sex, (state whether male or female). 1212
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ant eve sall he school mined 1 of jo oner jo ioner jo ion	4. Place of Birth. (Street and Number) 819 for 12.
hed the shift shif	5. Full Name of Mother, Lining Lining
orden ce abb me om m be the per the pe	6. Mother's Maiden Name, Sang BOOK TOON
t and enden he son st of the son the s	7. Mother's Birtliplace.
macter perint near 1 n n n n n n n n n n n n n n n n n n	8. Full Name of Father. A Comment Lesson
ther eminate the factor of the	9. Father's Occupation Reserved
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### RETURN OF A BIRTH. LO1743

the period of th	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	1. Sex. (state whether mate or female) //wife
rents.	2. Race or Color. (if not of the white race)
its partition in the its partition its partition its partition in the it	3. Date of Birth. 3 Coloft 2 1825
ione o io	4. I tace of Birth. (Street and Number)
The the control of th	5. Full Name of Mother,
18.0mg===	6. Mother's Maiden Name,
signed o the fa phy ately I sioner hereaft	Mother's Birthplace, Liston  8. Full Name of Father, Ocar of Large
duly outh to meeting shall its for	). Father's Occupation
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be defended in the month of the	Name of Medical Attendant, or other person who makes this Return,
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## RETURN OF A BIRTH LO1744

No. of Child of Mother, (state whether 1st, 2d, 3d	1. dv.) 2 - c. (,
1. Sex, (state whether male or female)	Kemal
2. Race or Color, (if not of the white race)_	Comic
3. Date of Birth,	Ca1.16. 95
4. Place of Birth, (Street and Number)	1643 august 51.
5. Full Name of Mother,	Land Town Layle
6. Mother's Maiden Name,	" C'112:61
7. Mother's Birthplace,	Ball and.
8. Full Name of Father,	Michhow J. Loye
9. Father's Occupation	Age (C)
10. Father's Birthplace,	Sepuly Sheriff
Name of Medical Attendant, or other person who makes this Return,	Te A Harmon '1115.
Address,	115, 42:1-
Remarks,	112/12: Carrie 31

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I				
RETURN	OF	A	BIRTH.	L0174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female).
2. Race or Color, (if not of the while race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mollie C. Fauthi
6. Mother's Maiden Name, " " " ??! (coen
7. Mother's Birthplace, Balle and
8. Full Name of Father, Trush 7 1
9. Father's Occupation Salorman
10. Father's Birthplace, Sulle mil
Name of Medical Allendant, or other person who makes this Return.
Address, 112/11 Caroline 51,
Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

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## RETURN OF A BIRTH. LO1746

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No.	of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1.	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race)
3.	Date of Birth, 28 Choffer 1835
4.	Place of Birth, (Street and Number) 42 Market Space
5.	Full Name of Mother, Janus & Janus &
6.	Mother's Maiden Name, Thetoles
7.	Nother's Birthplace, Riggion
8.	Full Name of Father. Whom for slight
9.	Father's Occupation Alisa market
0.	Father's Birthplace, Lysaci
	Name of Medical Attendant, or other person who have this Return. 6 Kellennan
	Address. +2 alken all Th
	Remarks,

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try of reach pract reach plant to be furn to be furn of the furn of the furn of the dwifers, o of Health, the dwifers, o of Health, the dwifers, o mad within a provision there fines the furn of the	2. Race or Color, (if not of the white race) (Chite
the Oi tevery per checkedule checkedule ch have need the the coffic parties in the missioner missioner mer of mis hecome mer of mis hecome	3. Date of Birth, Street and Number) 330 S. Sattasen Park as.
med that shad that shad than the ascertain cupation the Computor that shad the the Computor the Computor that the computor the Computor that the computor that the computor the Computor that the co	5. Full Name of Mother, Kate Kirk
Etatist and ord and ord to some of to the l muc can b te mid ord by the coffice of thy the coffice of thy the thy icin the coffice of the cof	7. Mother's Birthplace, Back ind,
Vient r enacted support of l cutch the number of much sign outh to th mee of a p mediately munission shall here rs for each	8. Full Name of Father. (Our Conference ). 9. Father's Occupation Treasures
ord of chartee	10. Father's Birthplace. Satt . Jud.
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spectrons of the property of t	Remarks,
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# RETURN OF A BIRTH 101749

1. Sex, (state whether male or female).	Hemale
2. Race or Color, (if not of the white race)	Chite
3. Date of Birth,	J. p. 1.7. '95
4. Place of Birth, (Street and Number)	1626 6. "marion st.
5. Full Name of Mother,	Mary 13. Edwards
3. Mother's Maiden Name,	" " Paley
. Mother's Birthplace,	It. Mary's Co. Mid.
8. Full Name of Father,	Brujamin C. Edwards
. Father's Occupation	Clerk
. Father's Birthplace,	St. mary's Ce. Ind.
Name of Medical Attendant, or other person who makes this Return,	Tec A Harman mex,
Address,	1131 Hetarding 01.
Remarks,	

# To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 2.0
1. Sex, (state whether male or female).	Hemale
2. Race or Color, (if not of the white race)	Chit
3. Date of Birth,	(1pic.13.1595
4. Place of Birth, (Street and Number)	256/2 11. Juy st.
5. Full Name of Mother,	mary agua Tour
6. Mother's Maiden Name,	". Pilotury
7. Mother's Birthplace,	nerthunderland Co. ling"
8. Full Name of Father,	Celex. Ilea fr.
9. Father's Occupation	Steeleine
0. Father's Birthplace,	Buch and.
Name of Medical Attendant, or other person who makes this Return,	Tee Merenen nix.
Address,	112/11/ aroline 51,
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 101751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d,	3d, &c.)
1. Sex (stale whether male or female),	Luna
2. Race or Color (if not of the while race),	(Chiete
3. Date of Birth,	mah. 19. 1593
4. Place of Birth (Street and Number),	1000 11. Bend st.
5. Full Name of Molher,	Helecon Luck Chilaret
6. Mother's Maiden Name,	" Sub
7. Mother's Birthplace,	Back incl.
8. Full Name of Father,	Janil Sylvestor Chichai
9. Father's Occupation,	motorman.
10. Father's Birthplace,	Ban. Co. und.
Name of Medical Attendant, or other person who makes this Return.	Tu A. Hartman in
Address,	113/11 Caroline 31

The Baltimore Publishing Co., City Printers and Stationers.

Remarks,

#### RETURN OF A BIRTH 1.01752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

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# RETURN OF A BIRTH LO1753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race).

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

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Lora Estella Mehelen

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CIVEN NAME ADDER.

# RETURN OF A BIRTH 1.01753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex (state whether male or female),
- 2. Race or Color (if not of the white race),
- 3. Date of Birth,
- 4. Place of Birth (Street and Number),
- 5. Full Name of Mother,
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace,
- 8. Full Name of Father,
- 9. Father's Occupation,
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

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Lora Estata Holden

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who

July 29. 1895 14/14/11 Cardine 11.

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Tu. A. Hartman 'mis.

Remarks, Will Rame ADDED 11-23-514 / 1121'11 Caroline 11.

# RETURN OF A BIRTH 1.01755

To the Office of Registrar of Vital Statistics Board of Health Baltimore

hills n atto 1 to 1 sneh	No. of Child of Mother, (state whether 1st, 2d, 3d, &e.)
any can the any can be 1 th child	1. Sex (state whether male or female),
betweed urth of person of suce and, and of suce of suc	2. Race or Color (if not of the white race),
incale e the h other parents require be sul	3. Date of Birth, July 5. 1845
A cert In cas uld no son or l above n shall	4. Place of Birth (Street and Number), (12) (Colingles Coc.
ealth. or sho he pers erlod sector	5. Full Name of Mother, Comic Milliant
er of Hery, uty of the plant the process of the pro	6. Mother's Maiden Name, " The mis
nission of midy of the d d with visions	7. Mother's Birthplace,
o Composition of the property	8. Full Name of Father,
practity practity be mail he mail y with as other	9. Father's Occupation,
he official or parter in the office of the office of the overed	10. Father's Birthplace,
physic physic ly ther f Heal fall to be rec	Name of Medical Attendant, or other person who Medical Attendant, makes this Return.
ry more of a sedlate doner or reafter or ore, to	10. Father's Birthplace,  Name of Medical Attendant, or other person who makes this Return.  Address,  11 21 11 Consequences.
nd eve endan f. Imm mmiss all he h offel	Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2	2d, 3d, &c.)
1. Sex (state whether male or female),	1111111
2. Race or Color (if not of the white race),	Conic
3. Date of Birth,	Jainy 1 9 -
4. Place of Birth (Street and Number),	J. Cum 21.
5. Full Name of Mother,	Coggie Inager Coicsen
6. Mother's Maiden Name,	Cygic Mayer Colon
7. Mother's Birthplace,	Lange Collan Coicsen Factore maker
8. Full Name of Father,	Jung alla Coicsen
9. Father's Occupation,	Fallen maker
10. Father's Birthplace,	· Such ince. Such Maistmeni in
Name of Medical Attendant, or other person who makes this Return.	
Address,	112111 Cantin 3%.
Remarks,	

# RETURN OF A BIRTH 1.01756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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of Child of Mother, (state whether 1st, 2a	l, 3d, &c.)
Sex (state whether male or female),	Zua a
Raee or Color (if not of the white raee),	Chit
Date of Birth,	Jany 159 .
Place of Birth (Street and Number),	5. D. Cun 21.
Full Name of Mother,	Ceggie Mayer Coilson
Mother's Maiden Name,	" Hayer
Mother's Birthplace,	Laure star, Jun "
Full Name of Father,	Jung Collen Coicsen
Father's Occupation,	July Collen Coilson
Father's Birthplace,	Buch ina.
Name of Medical Attendant, or other person who makes this Return.	The A. Hartmeni (11)
Address,	112/11/ anding 31.
Remarks,	
	Sex (state whether male or female), Raee or Color (if not of the white raee), Date of Birth, Place of Birth (Street and Number), Full Name of Mother, Mother's Maiden Name, Mother's Birthplace, Full Name of Father, Father's Occupation, Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex (state whether male or female), 2. Race or Color (if not of the white race), ( ( lute 3. Date of Birth, July 5. 159: Desy & Meymon M. 4. Place of Birth (Street and Number), Comin M. Janan 5. Full Name of Mother, 6. Mother's Maiden Name, Buch ind. 7. Mother's Birthplace, Land . H. Farass 8. Full Name of Father, 9. Father's Occupation, Ju. A. Hachman' 11 ). 10. Father's Birthplace, Name of Medical Attendant, or other person who 1131'11 Cantine 1. Address.

The Baltimore Publishing Co., City Printers and Stationers,

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &e.)

- 1. Sex (state whether male or female),
- 2. Raee or Color (if not of the white raee),
- 3. Date of Birth,
- 4. Place of Birth (Street and Number),
- 5. Full Name of Mother,
- 6. Mother's Maiden Name, 7. Mother's Birthplace,
- 8. Full Name of Father,
- 9. Father's Occupation,
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who

Address,

Remarks,

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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o. of Child of Mother, (state whether 1st, 2d,	3d, &e.)
1. Sex (state whether male or female),	1216161
2. Raee or Color (if not of the white raee),	1 (Chile
3. Date of Birth,	July 5. 1995
4. Place of Birth (Street and Number),	Sien Biciany
5. Full Name of Mother,	Mucha Ca Bean
3. Mother's Maiden Name,	" " Dina
. Mother's Birthplace,	Judang Cing"
Full Name of Father,	(has. S. Benen
. Father's Occupation,	Collecter
. Father's Birthplace,	13000:1100.
Name of Medical Attendant, or other person who makes this Return.	The A. Martman 1112.
Address,	1/3/10 Carling 31.
Remarks.	

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# RETURN OF A BIRTHLUI760

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) maca 1. Sex (state whether male or female), White 2. Raee or Color (if not of the white race), 3. Date of Birth, 16 33 millary 31. 4. Place of Birth (Street and Number), 5. Full Name of Mother, 6. Mother's Maiden Name, 7. Mother's Birthplace, . (1. Baldway 8. Full Name of Father, melde 9. Father's Occupation, Tec. A. Markenan m. 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. 112/18 Carline St. Address, Remarks,

RETURN OF A BIRTH

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1131 11 Carline 11.

The Baltimore Publishing Co., City Printers and Stationers.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state wheth	er 1st, 2d, 3d, &c.)
1. Sex (state whether male or feme	ale), //////
2. Raee or Color (if not of the whi	
3. Date of Birth,	100ig. 111. 95
4. Place of Birth (Street and Numb	ber), 1022 11. Edan 31.
5. Full Name of Mother,	Cirquia 13. Culiant
6. Mother's Maiden Name,	" " Culling
7. Mother's Birthplace,	Buch ince.
8. Full Name of Father,	Com. L. Caliant
9. Father's Occupation,	('(1))
10. Father's Birthplace,	Co Bun ince.
Name of Medical Attendant, or other makes	
Address,	113/96 Careline 11.
Remarks,	
	<ol> <li>Race or Color (if not of the whith 3. Date of Birth,</li> <li>Place of Birth (Street and Number 5. Full Name of Mother,</li> <li>Mother's Maiden Name,</li> <li>Mother's Birthplace,</li> <li>Full Name of Father,</li> <li>Father's Occupation,</li> <li>Father's Birthplace,</li> <li>Name of Medical Attendant, or other makes Address,</li> </ol>

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &e.) Maco ( Tains) 1. Sex (state whether male or female), 2. Raee or Color (if not of the white raee), ((hili Leciy 6. 1893 3. Date of Birth, 111/11. Can 31. 4. Place of Birth (Street and Number), Hace Country 5. Full Name of Mother, · Macchamp 6. Mother's Maiden Name, 1 Jack : und . 7. Mother's Birthplace, Jun A. Comelly 8. Full Name of Father, Hachie light inspecter 9. Father's Occupation, Te. A Hartman ins. 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. 119/11 Genetine 1. Address, Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &e.)

1. Sex (state whether male or female),

2. Raee or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

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Remarks,

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119176 Caroline 11,

The Baltimore Publishing Co., City Printers and Stationers.

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## RETURN OF A BIRTHIO 766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex (state whether male or female),
- 2. Race or Color (if not of the white race),
- 3. Date of Birth,
- 4. Place of Birth (Street and Number),
- 5. Full Name of Mother,
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace,
- 8. Full Name of Father,
- 9. Father's Occupation,
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

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## RETURN OF A BIRTH LOTTET

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &e.)

- 1. Sex (state whether male or female),
- 2. Raee or Color (if not of the white race),
- 3. Date of Birth,
- 4. Place of Birth (Street and Number),
- 5. Full Name of Mother,
- 6. Mother's Maiden Name,
- 7. Mother's Birthplace,
- 8. Full Name of Father,
- 9. Father's Occupation,
- 10. Father's Birthplace,

Name of Medical Attendant, or other person who

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1'/13 6 Bidde N.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &e.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No.	of Child of Mother, (state whether 1st, 2d, 3d	1. de.) 3 rd.
1.	Sex, (state whether male or female)	Munde
2.	Race or Color, (if not of the white race)	Chit
3.	Date of Birth,	111011.23.1595
	Place of Birth, (Street and Number)	511 71 Caroline 51.
5.	Full Name of Mother,	Edith may Stamme
6.	Mother's Maiden Name,	" " Steered
7.	Mother's Birthplace,	Baer ind.
8.	Full Name of Father,	Martin Stamm
9.	Father's Occupation.	Bach ind.
0,	Father's Birthplace,	Ballowind.
	Name of Medical Attendant, or other person who makes this Return,	See A. Harman VII.
	Address,	1121 HE aroline St
	Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers

1121 16 Careline 01.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) millace 1. Sex (state whether male or female), (Chite 2. Raee or Color (if not of the white raee), mich. 6.1895 3. Date of Birth,... 1329 11. Breakury 4. Place of Birth (Street and Number), Susio Blanche futuran 5. Full Name of Mother, 6. Mother's Maiden Name, Balle net. 7. Mother's Birthplace, Janil . middleten Yalman 8. Full Name of Father, Franking Salesman 9. Father's Occupation, Tec. A. Harman'mir. 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return.

The Baltimore Publishing Co., City Printers and Stationers.

Address,

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3	3d, &e.)
1. Sex (state whether male or female),	mace
2. Raee or Color (if not of the white raee),	Chite
3. Date of Birth,	mon. 5.1593
4. Place of Birth (Street and Number),	1'119 Co. north Come.
5. Full Name of Mother,	amilie E. Mein
6. Mother's Maiden Name,	Emilie E. Allin
7. Mother's Birthplace,	Bach . Zud .
8. Full Name of Father,	(Clari L. Mein

Seek Marpor Back ind . Set A. Harlman mix. 1121'11'Caroline M.

The Baltimore Publishing Co., City Printers and Stationers.

9. Father's Occupation,

10. Father's Birthplace,

Address,

Remarks,

Name of Medical Attendant, or other person who

## RETURN OF A BIRTH MITT2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

. Sex, (state whether male or femate)	mace
. Race or Cotor, (if not of the white race)	Cemite
. Date of Birth,	Cepic. 13. 95
. Place of Birth, (Street and Number)	1211 21 Carolin 51.
. Futt Name of Mother,	Allan Sulley
. Mother's Maiden Name,	" Kirk
. Mother's Birthptace,	Balle incl.
. Full Name of Father,	
. Father's Occupation	Clark
. Father's Birthplace,	Duen ind.
Name of Medical Attendant, or other person who makes this Return,	He A Harman mix
Address,	1121716 ardine 34

Wm. J. C. Dulany Co., City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female) Levals 2. Race or Color, (if not of the white race) Colored 3. Date of Birth. 207 Lever Altry Afril 18 1893
4. Place of Birth. (Street and Number) 207. Inlover Alley 5. Full Name of Mother, Mary liver, 6. Mother's Maiden Name, Many Grances Loocke 7. Mother's Birthplace, Ballings 8. Full Name of Father, John Gross 9. Father's Occupation. of aloning 10. Father's Birthplace, Schamar Name of Medical Attendant, or other person who Medical Attendant, or other person who Medical Attendant, or other person who Address, Remarks,

Wm J C. Dulany Co., City Printers and Stationers,

RETURN OF A BIRTH 1.01774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. S	ex, (state whether male or female).	Mace
2. In	Race or Color, (if not of the white race)	White
3. I	Date of Birth,	(epic.10.1595
4. P	Place of Birth, (Street and Number)	1410 E. Bidde st.
5. F	'ull Name of Mother,	France J. Erducu
6. A	Iother's Maiden Name,-	4" " Coallace
7. 3	lother's Birthplace,	formey (city 11.).
8. F	'ull Name of Father,	Thomas C. Grelman
9. F	ather's Occupation	Lierry 1 Lucy
10. F	ather's Birthplace,	Buch ma.
$\Lambda$	ame of Medical Attendant, or other person who makes this Return,	Te Martinan mix
A	ddress,	112/12 ( ariling 51
R	Pemarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 1.01775 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1. Sex, (state whether male or female). Hucce (( lut 2. Race or Color, (if not of the white race)_ 3. Date of Birth, ... Cepic. 1. 1595 1404 8. Biana 81. 4. Place of Birth, (Streel and Number)..... Rebeaca Latina Bogo 5. Full Name of Mother, .... 6. Molher's Maiden Name,. Back Jud. 7. Molher's Birthplace,... Their J. Beyou 8. Full Name of Father, Ticket agail Bullinet. 9. Falher's Occupation. 10. Falher's Birthplace, Ter A Hardwan nos, Name of Medical Allendant, or other person who makes this Return, 112171 (ardin 34, Address, Remarks, FILED 1895

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No	of Child of Mother, (state whether 1st, 2d, 3d, &c.	.)
1.	Sex, (state whether male or female)	Tuace
2.	Race or Color, (if not of the white race)	Cohita
3.	Date of Birth,	(pic. 1.1895
4.	Place of Birth, (Street and Number)	2115 Eullen Cur.
5.	Full Name of Mother,	mary (1. Lugles
6.	Molher's Maiden Name,	" . Rucelly
7.	Mother's Birthplace,	13000 Zuci.
8.	Full Name of Father,	Tes. E. Lay Cer
9.	Father's Occupation	Jusurance Breker
Ō,	Father's Birthplace,	Balle and.
	Name of Medical Altendant, or other person who makes this Return,	Su A Martmanini.
	Address,	112/nelaneline #1
	Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Wm. J. C. Dulany Co., City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d,	de.)
1. Sex, (state whether mate or female)	Hunte mace
2. Race or Color, (if not of the white race)-	a hele
3. Date of Birth,	"/May 22 1595
4. Place of Birth, (Street and Number)	1/26 6. Laure a 31.
5. Full Name of Mother,	Curcia Yaco
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Butto ince.
8. Full Name of Father.	
9. Father's Occupation	Paper-hance
0. Father's Birthplace,	Bulling.
Name of Medical Atlendanl, or other person who makes this Return,	
Address,	112/nitardine 51,
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

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In the is forther master and ordered that every person practicing undwing yields classificate small ordered that every person practicing undwing yields classified small will be some on blank schedule, to be formished by the constitution of the shall control a list of the british which have occurred under his set for each cold, of a set of the shall man of each child, of a set of only the full name and occupation of its parents, the date and place of be set, color, the full name and occupation of its parents, the date and place of be and every month to the office of the Commissioner of Health. In case the birth the another, immediately thereafter it shall become the duty of the person of participate the underly immediately thereafter it shall become the duty of the person of participate the underly dollars for each offence, to be recovered as other fines and forfettues and feet tilly dollars for each offence, to be recovered as other fines and of this section.

# RETURN OF A BIRTHIO1779

No.	of Child of Mother, (state whellige 181, 2d,	911. (1)
1.	of Child of Mother, (state whether 1st, 2d, Edwin Was bett Lall Sex, (state whether male or female)	'maa
	Race or Color, (if not of the white race)	Conite
3.	Date of Birth,	Jun 3. 95
4.	Place of Birth, (Street and Number)	2-202 Orleans VI.
5.	Full Name of Molher,	Margaret Ce. Julian
6.	Molher's Maiden Name,	1 " " 511
7.	Mother's Birthplace,	Back incl.
8.	Full Name of Father,	Chas. In. Jackell
9.	Father's Occupation	Dupt. () (country
	Falher's Birthplace,	G Back. Tile.
	Name of Medical Attendant, or other person who makes this Return,	Jeo. A. Hartman my
	Address,	112/70 Caroline 31.
	Remarks,	

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Trior	No of Wild of Wollow (also med the state of the
in contributed to be possible to be	16. by Carta of Motaer, (state whether 1st, 2d, 3d, &c.)
inmide of control of the control of	1. Sex, (state whether male or female).
the duty of her factories of the duty of the factories of the duty of the factories of the duty of	2. Race or Color, (if not of the white race) . (! kite .
perential perent	3. Date of Birth, June 12.1. 1895
neh ha of its of its ner in imissi oner o ll beco e man y witl	4. Place of Birth, (Street and Number) (1515 CO. Banvale St.
scerta action actition ce Con practic t shall in the comple	5. Full Name of Mother, Guily Roberca Swith
occur he pri ofth in or after a ce, to	6. Mother's Maiden Name,
d by the can office of the can office of the can office of the can office of the can offer office offer office offer office of the can offer of the can of the can offer of the can offer of the can offer of the can of the can offer of the can of the can of the can offer of the can	7. Mother's Birthplace, Birthplace, Back.
signe signe to the of a ph iately ssione herea	8. Full Name of Father, Inc. 1. Juith
he fully courth court court courth court courth court courth courth courth court courth court courth courth court c	9. Father's Occupation Carpenter
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and sind sind sind sind sind sind sind si	Remarks,
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y of the ions of an io	. Sex, (state whether male or female).	Mali
wifery wifery and with provise her fin	. Race or Color, (if not of the white race)-	Chile
### ## ## ## ## ## ## ## ## ## ## ## ##	. Date of Birth,	June 4, 95
202122	. Place of Birth, (Streel and Number)	1625 8. Fraues 51.
t shall in the complete receipt to the complete receip	. Full Name of Mother,	Rose Hiero
o	. Molher's Maiden Name,	" Br(( -
LE DECE	. Mother's Birthplace,	Marjori Ce, med.
fa phataire particular	. Full Name of Father,	John The Hiers
	. Father's Occupation	Cholosale Green
1 E E C P G	Falher's Birthplace,	Buchine
the a the a rrth to person ten (1"	Name of Medical Allendant, or other person who	He A. Hartman my,
ithout its bi on or ne of	Address,	112171: Caroline 54.
neport perse the fi	Remarks,	The state of the s
ill occ		

No	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
	Sex, (state whether male or female).
2.	Race or Color, (if not of the white race)
	Date of Birth, June 3. 1595
4.	Place of Birth, (Street and Number) 1236 (Cartaux Co.
5.	Full Name of Mother, Pharquet Heart
6.	Mother's Maiden Name, " (Cante,
7.	Mother's Birthplace, Joseph Pena "
8.	Full Name of Father, J. J. J. J. J. J.
).	Father's Occupation Photographer
).	Father's Birthplace, Leng
	Name of Medical Attendant, or other person who also I Afartman Sux,
	Address. 112/21: Carolin 87
	Remarks,

RETURN-OF A BIRTH. LO1783 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother. (state whether 1st. 2d, 3d, &c.) 1. Sex. (state whether mate or female)... Ducce 2. Race or Color, (if not of the white race)-Colicte 3. Date of Birth. El 11. Cum 51. 4. Place of Birth, (Street and Number)..... Cennie N. B. Siens 5. Full Name of Molher, ..... 6. Molher's Maiden Name ... " " Mencupy 7. Mother's Birthplace,.... Course J. J. Siines 8. Full Name of Father, 9. Falher's Occupation. Formany Server Martinen M. M. 10. Falher's Birthplace, Name of Medical Attendant, or other person who makes this Return, 112176 areline 1. Address. Remarks.

No. of Child of Mother, (state whether 1st,	2d, 3d, &c.) 5 rd,
1. Sex, (state whether mate or female).	mace
2. Race or Color, (if not of the white race	) Cohite
3. Date of Birth,	aug. 11. 1595
4. Place of Birth, (Street and Number)	215 S. Cashington St.
5. Full Name of Mother,	Hounie E. Ely
6. Mother's Maiden Name,	" " Frueh
7. Mother's Birthplace,	Bath. me
8. Full Name of Father,	Clyson J. Eg
9. Father's Occupation	Captuin of Frieging vessel.
10. Father's Birthplace,	Bulle. me.
Name of Medical Attendant, or other person we makes this Retu	
Address,	112/11: Caroline 81
Remarks,	

No. of Child of Mother, (state whether 1st, 2d,	3d, (c.)
1. Sex, (state whether male or female).	mace
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	(cug, 19, 1805
4. Place of Birth, (Street and Number)	1621 6. Januar 31
5. Full Name of Mother,	Mand Welster Finances
6. Mother's Maiden Name,	", Coeloxer
7. Mother's Birthplace,	Jamerost Co Tine
8. Full Name of Father,	Cagar D. Simuro
9. Father's Occupation	(Cutrical Contractor
10. Father's Birthplace,	('ambridge
Name of Medical Attendant, or other person who makes this Return,-	Ja A Hartman nix
Address,	1134 n'Eardine 31
Remarks,	

	The state of the s
No. of Child of Mother, (state whether 1st, 2d, 3e	d. de.) 3","
1. Sex, (state whether mate or female).	Mac
2. Race or Color, (if not of the white race)	Chil.
3. Date of Birth,	(lug. 28. 1595
4. Place of Birth, (Street and Number)	1511 6. marion 51.
5. Full Name of Mother,	Jarah ( Clark
6. Mother's Maiden Name,	" . Shigelucce
7. Mother's Birthplace,	Balle and .
8. Full Name of Father.	Com. J. Elast
9. Father's Occupation	Clark
10. Father's Birthplace,	Bull. Ce. mel.
Name of Medical Atlendant, or other person who makes this Return,	Jerd Hartman mix,
Address,	1121 n'Euroline S'
Remarks,	

No. of Child of Mother, (state whether 1st, 2d, 3d,	(c.) 7"
1. Sex, (state whether mate or female).	Maci
2. Race or Color, (if not of the white race)	Chite
3. Dale of Birth,	Sp. 19.95
4. Place of Birth, (Street and Number)	He C. Bidde 81.
5. Full Name of Mother,	(Cay " Cong Sieling
6. Molher's Maiden Name,	" " Ehenowith
7. Mother's Birthplace,	Balle und.
8. Full Name of Father,	Chas, C. Siling
9. Father's Occupation	Contractor / Buildy
10. Father's Birthplace,	I we berry James
Name of Medical Atlendant, or other person who makes this Return,	Ter A Hartman mr.
Address,	1121 72 Caroline 31,
Remarks,	

1. Sex, (state whether mate or femate)	nucle
2. Race or Color, (if not of the white race)	(Chole
3. Date of Birth,	Ca, 10. 95
. Place of Birth, (Street and Number)	1516 8. Inderac 31.
. Full Name of Mother,	'Mangt. Sephie Dieter
. Mother's Maiden Name,	" " naung
. Mother's Birthplace,	Baurina.
. Full Name of Father,	Jucoe In Sietie
. Father's Occupation	Bana
. Father's Birthplace,	But, Co. Sud.
Name of Medical Altendant, or other person who makes this Return,	Te A Harlman mix.
Address,	112) 'Illaroline 84,

RETURN OF A BIRTH. LO1789
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.  So. of Child of Mother, (state whether 1st, 2d, 3d, &c.) There
1. Sex, (state whether male or female). That
2. Race or Color, (if not of the white race) - (Chite
3. Date of Birth. \\lec 3e.1095
4. Place of Birth. (Street and Number) 1615 71. Breakway
5. Full Name of Mother, Melina Blunche Colleri
6. Mother's Maiden Name, " " " " " " " " " " " " " " " " " " "
7. Mother's Birthplace. Batte. ned.
8. Full Name of Father, John C. Coderi
9. Father's Occupation Gaspeules
10. Father's Birthplace, Litystarg, Jun 2
Name of Medical Atlendant, or other person who Medical At
Remarks, A.M

1.	Sex, (state whether male or female) hill
2.	Race or Color. (if not of the white race) hat
3.	Date of Birth, ETZGG-
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother, June Este Bruce
	Mother's Maiden Name,
7.	Mother's Birthplace,
8.	Full Name of Father, 2. Cancle Brown
9.	Father's Occupation. Lawren .
0.	Father's Birthplace,
	Name of Medical Attendant, or other person who . Mitale Inthe
	Address, Life Part The
	Remarks,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... WM. J. C DULANY & OO , CITY PRINTERS AND STATIONERS

## RETURN OF A BIRTH. LO1791

1.	Sex, (state whether male or female)
2	Race or Color, (if not of the white face) The
3.	Date of Birth, and Ist 1195
	Place of Birth, (Street and Number) 145-72.
	Full Name of Mother, Cather: She
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
8.	Full Name of Father, 12, That
9.	Father's Occupation, James a
10.	Father's Birthplace,
	Name of Medical Attendant other person who makes this Return.
	Address, It's Part the
	Remarks,

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d. 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Covember 6, '95

4. Place of Birth. (Street and Number) 518, Cross alley

5. Full Name of Mother, Dazale Pashing town

6. Mother's Maiden Name, Dazale Brown

7. Mother's Birthplace, Mod

8. Full Name of Father, Philiam Mas Innglow

9. Father's Occupation. Isober

10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return. Forms Eakon fund.

Address,

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Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

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ty of thin thin the sions	1. Sex, (state whether male or female) The ale
ne duit brovie provie	2. Race or Color, (if not of the white race)
ome to mice to make to	3. Date of Birth. 1214 1895
Ill becomer le mar ly wit	4. Place of Birth, (Street and Number) 6/05 Sittle Makel
it sha it sha comp be rec	5. Full Name of Mother, Stank of hair
ian or	6. Mother's Maiden Name, Latah Chillenit
there of lafter f	7. Mother's Birthplace, By Agran
liately ission I here	8. Full Name of Father, Salomon Shais
imme Comm io sha lars fo	9. Father's Occupation Presser
o the ins wh	10. Father's Birthplace, But sia
the me birth t perso f ten ()	Name of Medical Allendant, or other person who makes this Return, And The San State of State
ort its son or fine o	Address.
o report ch per to the	Remarks,
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No. of Child of Mother, (state whether 1st, 2d, 3d, de.)	
1. Sex, (state whether male or female) First a la	
2. Race or Color, (if not of the white race)	
3. Date of Birth, 1600 9 1895	
4. Place of Birth, (Street and Number) 422 East oft	
5. Full Name of Mother, Shiping	
6. Molher's Maiden Name, AL. Hure vil	
7. Mother's Birthplace, Agusta	
8. Full Name of Father, Alexander Carlos	
9. Falher's Occupation Lailog	
10. Falher's Birthplace, Russia	
Name of Medical Attendant, or other person who makes this Return.	
Address.	
Remarks.	

Mariatovijastine)-1. Sex, (state whether male or female) A 272 Cal 2. Race or Color, (if not of the white race) IV. 3. Date of Birth, Oct 26 4. Place of Birth, (Street and Number) 209 5. Full Name of Mother, Machel 6. Mother's Maiden Name, Pagle 7. Mother's Birthplace .... 8. Full Name of Father, A Late 121 9. Father's Occupation ... 10. Father's Birthplace, Tuss (a) Name of Medical Allendani, or other person who makes this Return,-Address, Remarks.

Wm. 7 C. Dulany Co., City Printers and Stationers.







DOCUMENTS ACCEPTED AS  1. H. S. Census Record  from 1900  2. 1895 Balto City  Duictry for Herman  Schnider of 2095. High	SUPPORTING EVIDENCE  20 Changa Sulmane 120 Changa Sex 120 Changa S
Name of applicant Samus Address. 4046 U. Evidence resurned.	100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.	Sex, (state whether male or female) A Co.)
2.	Race or Color, (if not of the white race)
3.	Date of Birth. Non- 9 1845
4.	Place of Birth, (Street and Number) 1178 & Sun band ST
5,	Full Name of Mother, Agaaly Boden stern
6.	Mother's Maiden Name, Larah Wolds with
7.	Mother's Birthplace. Allasia
	Full Name of Father, factor (Tosenstein
	Father's Occupation Lake
0,	Father's Birthplace, Russia
	Name of Medical Attendant, or other person who And a final Attendant
	Address, 27 Loga St
	Remarks,

Wm. .. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st. 2d. 3d. &c.) 3rd

1. Sex, (state whether male or female) Hale

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 4, 95

4. Place of Birth. (Street and, Number) 1124 Shields alley.

5. Full Name of Mother, Nova Sorsey

6. Mother's Maiden Name, Nova Mafor

7. Mother's Birthplace, Va

8. Full Name of Father, Ed. Sorsey

9. Father's Occupation, Dailor

10. Father's Birthplace, U. C.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

. Sex, (state whether mate or female) Ilmale.
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Name of Medical Allendant, or other person who Maria Or Medical Allendant, makes this Return,
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	Name of Medical Attendant, or other person who makes this Return, and Calou Mand
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

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5. Full Name of Mother, (Street and Number). 1840 E. Placet at Graguer.

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8. Full Name of Father, Holmy A. Placet.

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Wm. J. C. Dulany Co., City Printers and Stationers.

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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2. Race or Color, (if not of the white race)	infrite/
3. Date of Birth,	October 25. 1895
4. Place of Birth, (Street and Number)	406 Per 6
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8. Full Name of Father,	Frederick Gelec
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Name of Medical Attendant, or other person who makes this Return,	Marie Lo Prasivitary Ma
Address,	735 Houlberry Street
Remarks,	, alace

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RETURN	OF	A	BIRTH	L0180

-4.	o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
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5.	Full Name of Mother, Mellio Divin
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8.	Full Name of Father, Conge R. Driver
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	Name of Medical Attendant, or other person who makes this Return, Cotto. C. C. John Cast. Mint.
	Address,
	Remarks, 1458 (worside . Ave.

	1. Sex, (state whether male or female) Toll.
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8	3. Date of Birth. 1 w. 98th 1898.
4	Place of Birth, (Street and Number) 1/16 Fearlow of O
5	Full Name of Mother, Maril Reph.
6.	Mother's Maiden Name,
7.	Mother's Birthplace,
	Full Name of Father, Glarge Report
9.	Father's Occupation
	Father's Birthplace,
	Name of Medical Attendant, or other person who have fit felded to the
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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	Date of Birth,
4.	Place of Birth, (Street and Number)
5.	Full Name of Mother, Family Lytwing man
	Mother's Maiden Name, Manuel
7.	Mother's Birthplace, Pallo
8.	Full Name of Father, I'm Il IR Staris man
	Father's Occupation lower
10,	Father's Birthplace,
	Name of Medical Attendant, or other person who and Add net makes this Return.
	Address, 1521 & May St
	Remarks,

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. No. of Child of Mother, (state whether 1 st, 2d, 3d, &c.) 1. Sex, (state whether male or female)..... 2. Race or Color, (if not of the white race) 3. Date of Birth, .... 4. Place of Birth, (Street and Number) If Find Sand The The Comity 5. Full Name of Mother, ..... 6. Mother's Maiden Name, 7. Mother's Birthplace, .... 8. Full Name of Father, ... 9. Father's Occupation ... 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return. Address. Remarks.

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#### RETURN OF A BIRTH. L01809

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Sex, (state whether male or female) Male
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Father's Occupation 15,000 13 y
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Name of Medical Attendant, or other person who I followed and St. A.
Address, 1501 4 Lags St.
Remarks,

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BELTION 7—And be it further tended and ordaned that every person practicing in the City of Battimore.  Baltimore under whose charge reneted and ordaned that every person practicing industries in the City of Realimore and shall enter the same on hank schedule, to be furnished by the connection of the first of such britis which have occurred under his or her care during the been conferred his sex, color, the full name and occupation of its parents, the date and place of hirth; and the shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and effective day of each and occupation of its parents, the date and place of hirth; and the shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the norther, immediately thereafter it shall become the ditty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dothars for each offence, to he recovered as other fines and foreitures are recovered be such a constitution of the first of the such shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dothars for each offence, to he recovered as other fines and foreitures are recoverable.	
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And he it further enacted and ordinated that every person whose chargeon superinted and ordinated that every person britis, and shall enter the same on blank schedule, no headile shall contain a list of the births which have occurred forth asfir as the same can be accremined the fall nass sex, color, the full name and occupation of its parents, in and every month to the office of the Commissioner of Hault the attendance of a physician or practitioner in the form ut the attendance of a physician or practicioner of midwife the mother, immediately thereafter it shall become the directors who shall hereafter fail to comply with the prove of ten (10) dollars for each offence, to be recovered as other?	4. Place
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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
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. Sex, (state whether male or female) Findle
2. Race or Color, (if not of the white race)
3. Date of Birth. 712-24/875-
. Place of Birth, (Street and Number) 1928 6 Printer
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. Mother's Maiden Name, Tours
. Mother's Birthplace, But to its
. Full Name of Father, _ Miles Mitte
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Father's Birthplace, Bout til
Name of Medical Attendant, or other person who makes this Return
Address. 507 60st Eager -

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deed of Vital Statistics in Statistics in the form practicing midwifers frame of the further enacted and ordained that every person practicing midwifers frame on the clark enaction on blank schedule discontinual sits of the births which have, to be furnished by the commissioner of forth as far as the same can be ascertained the full name of each child, of any shall have seek color, the full name and occupation of its parents, the date and place of brit sand have every month to the office of the Commissioner of Health. In case the birth of any child into the Commissioner of Phasician or practiconer in the form of a certificate between the first and the mother, immediately the resident it shall become the duty of the person or parents of such that the the Commissioner of Health. In case the birth of any child into the Commissioner of Health, in the manner and which in the period above required, and the to the Commissioner of Health, in the manner and which the period above required, and the to comply with the provisions of this section shall be suffered that the comply with the provisions of this section shall be suffered and the comply with the provisions of this section shall be suffered and the comply and the comply with the provisions of the section brail be suffered and the comply and th

# RETURN OF A BIRTH. LOISIT

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color. (if not of the white race)
3. Date of Birth, Met 20 3h 1895
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name,
7. Mother's Birthplace, 13ult
8. Full Name of Father, Milliam The Famous
9. Father's Occupation from all Samles of 12
10. Father's Birthplace,
Name of Medical Attendant, or other person who and Alexant M
Address, 1971 & Vager St
Remarks,

Wm. 7 C. Dulany Co., City Printers and Stationers.

# To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d,	do) Third
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2. Race or Color, (if not of the white race)	2 hile
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8. Full Name of Father,	In 43 Mentiness
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Name of Medical Attendant, or other person who makes this Return,	W 20 P 2 Combi
Address, 1601 & Sagor	11
Remarks,	

Wm. 7 C. Dulany Co., City Printers and Stationers.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) — Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Gat 27 Hogs
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Games Carlo
6. Mother's Maiden Name,
7. Mother's Birthplace, Street
8. Full Name of Father, Zant Cart
9. Father's Occupation Merchant
10. Father's Birthplace,
Name of Medical Attendant, or other person who 2 1 Slamer M. S.
Address, 1501 E 20 acr St
Remarks,

No. of Child of	Mother, (state whether 1st, 2d, 3d, de.)
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2. Race or Col	or, (if not of the white race)
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To the Office of Registrar of Vital Statistics, Board of Health. BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Sex (state whether Mule or Female) Mule

- 2. Race or Color (if not of the white race) Hinte
- 3. Date of Birth for & , 2 , D M 1195
- 4. Place of Birth (Street and Number) 110 & Ange Smile
- 5. Full Name of Mother Care Is the lease Cumingham
  6. Mother's Maiden Name PU. A. Baker
- 7. Mother's Birthplace Balto City
  8. Full Name of Father Charles & Burningham
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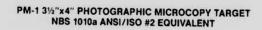
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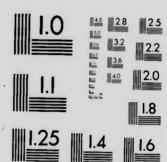
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# MARYLAND STATE ARCHIVES





#### PRECISIONSM RESOLUTION TARGETS





#### CERTIFICATE OF CAMERA OPERATOR

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the mic	crographics appearing on this roll of film
designa	ited as Reel No. <u>CR 77.463</u>
were p	hotographed by the undersigned on this
date.	L01216-L01818
	Reel begins with 1871
	Reel ends with 1895
	By RONALD Doyle
	Date 8-2-96
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**Maryland State Archives**